

RECEIVED

JAN - 9 2020

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

U.S. District Court
Eastern District of MO

UNITED STATES OF AMERICA,)
ex rel., Joanne Waters)

Plaintiff,)

v.)

ST. LOUIS PATHOLOGY ASSOCIATES)
INC., ST. LOUIS CLINICAL PATHOLOGY)
LLC, ST. JOHN'S MERCY HOSPITAL)
SYSTEM, PHYSICIAN DATA)
MANAGEMENT LLC, and)
UNITEDHEALTH GROUP, INC.)
Defendants.)

4:20-cv-00037-SEP

JURY TRIAL DEMANDED

VERIFIED COMPLAINT

Plaintiff, brought on behalf of the United States of America by Joanne Waters ("Relator"), for its Complaint against Defendants St. Louis Pathology Associates, Inc. ("SLPA"), St. Louis Clinical Pathology, LLC ("SLCP"), Physician Data Management, LLC ("PDM"), St. John's Mercy Hospital System ("SJMHS"), and UnitedHealth Group, Inc. ("UHG") (SLPA, SLCP, PDM, SJMHS, and UHG collectively are "Defendants") hereby states as follows:

THE PARTIES

1. Relator brings this action on behalf of the United States of America against Defendants for treble damages and civil penalties arising from Defendants' false statements and false claims in violation of the Civil False Claims Act, 31 U.S.C. §§ 3729 *et seq.* The violations arise out of false and improper billing and patient record practices on claims paid by Medicare, Medicaid, Tricare, and other Government Payors for services provided by SLPA.

2. As required by the False Claims Act, 31 U.S.C. § 3730(b)(2), Relator has provided to the Attorney General of the United States and to the United States Attorney for the

Eastern District of Missouri a statement of all material evidence and information related to the complaint. This disclosure statement is supported by material evidence known to Relator at the time of filing, establishing the existence of Defendant's false claims. Because the statement includes attorney-client communications and work product of Relator's attorneys, and is submitted to the Attorney General and the United States Attorney in their capacity as potential co-counsel in the litigation, Relator understands this disclosure to be confidential.

3. Relator is a citizen of the United States and resident of the State of Tennessee.

4. Relator brings this action based on her direct, independent, and personal knowledge, and also, on information and belief.

5. Relator is an original source of this information to the United States. She has direct and independent knowledge of the information on which the allegations are based and has voluntarily provided the information to the government included in this action under the False Claims Act, which is based on this information.

6. Relator was the Practice Administrator for SLPA from on or around October of 2017 to on or around March of 2019.

7. SLPA is incorporated in the state of Missouri with its principal place of business located at 660 Office Pkwy, St. Louis, MO 63141. SLPA provides clinical and anatomic pathology services to SJMHS patients pursuant to a contract with SJMHS.

8. SJMHS is a Missouri nonprofit healthcare corporation headquartered at 14528 S. Outer Forty Rd., Chesterfield, MO 63017 and maintains multiple service locations throughout the state of Missouri. St. John's Mercy Medical Center is located at 615 S. New Ballas Road, St. Louis, MO 63141 and provides inpatient and outpatient hospital services. Mercy Hospital Washington is located at 901 E. Fifth Street, Washington, MO 63090 and provides inpatient and

outpatient hospital services. Mercy Outpatient Surgery Center – Clayton-Clarkson is located at 15945 Clayton Rd, Ballwin, MO 63011 and provides outpatient services. Mercy Hospital Lincoln is located at 1000 E. Cherry Street, Troy, MO 63379 and provides inpatient and outpatient services.

9. PDM is a Missouri limited liability company with a corporate office at 9246 Watson Rd, Crestwood, MO 63126. PDM provides billing and collection services for SLCP pursuant to a contract between the two parties.

10. SLCP is a Missouri limited liability company. SLCP receives mail and claims correspondence at 615 S. New Ballas Road, St. Louis, MO 63141. Mail is received in the department of pathology at SJMHS Saint Louis and billing correspondence is delivered to 660 Office Pkwy, St. Louis, MO 63141 by SJMHS courier multiple times per week. Billing correspondence is then redirected to PDM offices at 9246 Watson Road, Crestwood, MO 63126 for resolution.

11. SLPA employs or contracts with pathologists that provide services to SJMHS patients in multiple locations, including: (1) Inpatient Mercy; St. John's Mercy Medical Center located at 615 S. New Ballas Road, St. Louis, MO 63141; Mercy Hospital Lincoln, 1000 E. Cherry Street, Troy, MO 63379 (2) Outpatient Mercy; St. John's Mercy Medical Center located at 615 S. New Ballas Road, St. Louis, MO 63141; Mercy Hospital Lincoln, 1000 E. Cherry Street, Troy, MO 63379 (3) Inpatient Mercy Washington; Mercy Hospital Washington is located at 901 E. Fifth Street, Washington, MO 63090 (4) Outpatient Mercy Washington; Mercy Hospital Washington is located at 901 E. Fifth Street, Washington, MO 63090, and (5) Outpatient Ambulatory Surgery Center at 15945 Clayton Rd, Ballwin, MO.

12. UHG is a managed health care company with its headquarters in Minnetonka, Minnesota, which provides patients with Medicare coverage through Medicare Advantage Plans. UHG maintains a regional office at 13655 Riverport Dr., Maryland Heights, MO 63043.

13. SLPA is a corporate organization of physicians who specialize in providing clinical diagnostic laboratory services and anatomic pathology services.

14. SLPA submits claims for payments for clinical diagnostic laboratory services and anatomic pathology services on behalf of SJMHS for services performed by SLPA-employed physicians at SJMHS facilities.

15. SLCP is a legally separate entity from SLPA. SLPA employed physicians own and operate SLCP, which has no employees of its own. SLCP submits claims primarily on an out-of-network billing basis on behalf of SLPA for clinical pathology services performed at SJMHS facilities. SLPA submits claims primarily on an in-network billing basis on behalf of SLPA for clinical pathology services performed at SJMHS facilities.

16. PDM is a contractor of SLCP for medical claim billing and collection services and submits claims to insurance providers, including Government payors, on behalf of SLCP. PDM did all of the medical claim billing for SLCP.

BACKGROUND

17. SLPA physicians who had not undergone the proper credentialing process necessary to legally be reimbursed for their services by Government Payors¹ provided Clinical and Anatomic Pathology services to patients covered by Government Payors.

¹ As used herein, "Government Payors" shall mean Medicare; Medicaid; Tricare; and private carriers who provide, or have provided, and/or administer, or have administered, insurance plans on behalf of, and/or reimbursed by, Medicare, Medicaid, or Tricare.

18. SLPA and PDM then falsified the billing records for those services for which they would otherwise not be entitled to receive compensation by using the National Provider Identifier/Unique Physician Identification Numbers (“NPI”/“UPIN”) of Credentialed Physicians².

19. SJMHS acted with reckless disregard for the truth or falsity of these billing records by refusing to update its electronic health records interface to correct or prevent such fraudulent billing.

20. Interfaces managed by SJMHS for billing used by both SLPA and PDM did not include service providers. SJMHS did not correct the SLPA or PDM interfaces to add service providers.

21. SJMHS also failed to delete charges by SLPA and PDM from interfaces for which only SJMHS was authorized to bill.

22. SLPA then submitted these false records to Palmetto GBA (“PGBA”), the contractor for Part B Medicare services for Railroad beneficiaries (“RRB”). SJMHS, SLCP, SLPA, and PDM also submitted the false records to Wisconsin Physicians Service Government Health Administrators (“WPS”), which is the Part A/B Medicare Administrative Contractor (“MAC”) for Jurisdiction 5, which serves Missouri, as well as other Medicare contractors outside the state of Missouri.

23. SLPA also submitted false records to Health Net Federal Services, LLC (“HNFS”), Humana Military Healthcare Services, Inc. (“HMH”), and other commercial carrier

² As used herein “Credentialed Physicians” means those physicians who underwent the process to become credentialed to properly receive reimbursement by Government Payors. Physicians who had not undergone that process are “Uncredentialed Physicians.”

managed care plan providers who have contracted or are currently contracting with the Government to provide Tricare in Missouri.

24. In reliance on those false records, PGBA paid SLPA and WPS paid SLCP, SLPA, and PDM for clinical and anatomic pathology services with money received from Medicare. HNFS, UHG, and HMH also paid SLPA for clinical and anatomic pathology services with money received from Tricare.

25. UHG falsified billing records for services provided to its Medicare patients by using the Taxpayer Identification Numbers (“TIN”) of SLPA and SLCP as the primary identifier for reimbursement and payment of claims without regard to the NPI for Uncredentialed Physicians.

26. UHG then submitted these falsified records to WPS.

27. WPS paid UHG with money received from Medicare.

28. UHG then paid SLPA, SLCP, and/or PDM with money received from WPS.

29. SLPA and PDM also submitted false claims for payment to the Missouri HealthNet Division of the Department of Social Services (“MO HealthNet”), the Medicaid program in Missouri, as well as other Medicaid programs located in states other than Missouri.

30. The Department of Social Services is officially designated as the single state agency charged with the administration of the Missouri Medicaid program.

<http://dss.mo.gov/mhd/general/pages/about.htm>.

31. Based on the false records, MO HealthNet and Medicaid programs located in states outside of Missouri paid SLPA and SLCP. PDM received payment for services from an SLCP bank account which received reimbursements from insurance companies and patients for claims billed

32. SLCP, SLPA, and PDM violated the False Claims Act by directly billing, or causing to be directly billed, Government Payors, which resulted in double-billing of the Government for services that had already been paid for on claims submitted by SJMHS. SLCP, SLPA, and PDM violated the False Claims Act by directly billing, or causing to be directly billed, Government Payors for services that were not provided or documented or permitted to be billed by a hospital-based pathologist without independent lab ownership.

33. In multiple instances, both SLPA and PDM billed for services billed by SJMHS, including services with the same Technical Component (“TC”) billed by SJMHS. In addition to issues with double billing caused by such practices, per regulations, because SLPA was not an independent laboratory, only SJMHS was allowed to bill for such procedures.

34. SLPA and PDM also utilized generic International Classification of Diseases Tenth Edition (“ICD-10”) diagnosis codes that did not correspond to the patients’ actual diagnosis to get claims paid. Staff would assign and switch ICD-10 codes as claims were denied to ICD-10 codes that would result in reimbursement in a “trial-and-error” process to get claims paid. Pathologists did not assign or review the ICD-10 codes.

JURISDICTION AND VENUE

35. This action arises under the False Claims Act, 31 U.S.C. § 3729. This Court has subject matter jurisdiction over this case pursuant to 31 U.S.C. §§ 3732(a) and 3730(b). This Court also has jurisdiction pursuant to 28 U.S.C. §§ 1345 and 1331.

36. This Court has personal jurisdiction over SLPA, SLCP, PDM, and SJMHS because they are incorporated or organized under the laws of the State of Missouri.

37. This Court has personal jurisdiction over UHG because it purposefully availed itself of the State of Missouri by operating an office here and employing Missouri residents. In

addition, several of the illegal acts complained of herein were directed by employees of UHG working in Missouri.

38. Venue is proper in this District pursuant to 31 U.S.C. § 3732(a), because the acts proscribed by 31 U.S.C. § 3729 *et seq.* and complained of herein took place in this District, and is also proper pursuant to 28 U.S.C. § 1391(b) and (c), because at all times material and relevant, Defendants transact and transacted business in this District.

THE FALSE CLAIMS ACT

39. The False Claims Act (“FCA”) 31 U.S.C. § 3729 *et seq.* provides, in pertinent part:

(a) Any person who (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim . . . is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000 . . . plus 3 times the amount of damages which the Government sustains because of the act of that person.

(b) For purposes of this section, the terms “knowing” and “knowingly” mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

40. For the purposes of the FCA, “person,” includes corporations. *Cook County, Ill. v. United States ex rel. Chandler*, 538 U.S. 119, 125 (2003).

41. There are four elements that must be proven to succeed in a qui tam action under § 3729(a)(1)(A): (1) a false statement or fraudulent course of conduct; (2) that was made or

carried out with the requisite scienter; (3) that was material; and (4) that caused the government to pay out money. *U.S. ex rel. Johnson v. Kaner Medical Group, P.A.*, 641 Fed. Appx. 391, 394 (5th Cir. 2016).

42. “Material,” within the context of the FCA, means “having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.” 42 U.S.C. § 3729(b)(4).

43. Factual falsity is established when the claim involves an incorrect description of goods or services provided or a request for reimbursement for goods or services never provided. *U.S. v. Sci. Applications Int’l Corp.*, 626 F.3d 1257, 1266 (D.C. Cir. 2010).

44. A claim may be false if it falsely certifies compliance with an applicable statute, regulation, or contract, and false certifications can be either express or implied. *U.S. v. Dynamic Visions, Inc.*, 216 F. Supp. 3d 1, 14 (D.D.C. 2016).

45. A claim is false or fraudulent on the basis of implied certification when noncompliance with regulations is material to the Government’s decision to reimburse the claims. See *Universal Health Servs., Inc. v. U.S.*, 136 S. Ct. 1989, 1996 (2016).

THE ANTI-KICKBACK STATUTE

46. The Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b), was born of Congressional concern that the health of patients was being adversely affected by payoffs in exchange for referring patients for medical services. These “kickbacks,” already unlawful in some jurisdictions prior to enactment of the statute, increased costs for federally-funded healthcare programs and had long been regarded by professional organizations as unethical. H.R. Rep. No. 92-231, at 5093 (1972).

47. To address the problem, Congress crafted criminal penalties for individuals or entities who knowingly and willfully solicited or received any remuneration in return for

referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program. 42 U.S.C. § 1320a-7b(b)(1)(A). Reflecting Congress's grave concern with the serious issue of unethical kickbacks, the criminal penalties are severe: up to \$100,000 in fines and/or imprisonment for up to ten years. *Id.* § 1320a-7b(b)(1).

48. In addition to the criminal penalties provided for violation of the Anti-Kickback Statute, Congress recently amended the statute to classify claims that include items or services resulting from a violation of the statute as false or fraudulent for the purposes of the FCA. *Id.* § 1320a-7b(g).

FACTS COMMON TO ALL COUNTS

A. Medicare

49. The Medicare program was created in 1965 as part of the Social Security Act, 42 U.S.C. § 1395 *et seq.*, to provide a federally funded insurance program for the aged and disabled.

50. During the relevant time period, the United States administered and funded Medicare, pursuant to the Social Security Act. By becoming a participating provider in Medicare, enrolled providers agree to abide by the rules, regulations, policies, and procedures governing claims for payment, and to keep and allow access to records and information as required by Medicare. In order to receive Medicare funds, enrolled providers, together with authorized agents, employees, and contractors, are required to abide by all provisions of the Social Security Act, the regulations promulgated under the Act, and all applicable policies and procedures issued by the State.

51. The Centers for Medicare and Medicaid Services ("CMS") is an agency of the United States Department of Health and Human Services ("HHS") and is responsible for the administration of the Medicare Program.

52. Medicare consists of two basic parts: Part A (42 U.S.C. §§ 1395c-1395i-5) and Part B (42 U.S.C. §§ 1395j-1395w-4). 42 U.S.C. § 1395 *et seq.* Medicare Part A covers a variety of inpatient services, including Surgical and Anatomic Pathology. Medicare Part B covers medically necessary services for diagnosis and treatment, including clinical pathology.

53. MACs are private healthcare insurers that have been awarded a contract by CMS to process Medicare Part A and Part B medical claims in a specified geographic jurisdiction. The contractor for Missouri is WPS. PGBA is the contractor for Railroad Medicare Part B services.

54. WPS processes Medicare claims and oversees provider enrollment for the state of Missouri pursuant to its MAC contract with CMS.

55. A Diagnosis Related Group (“DRG”) is a classification of inpatient hospital discharges established by CMS. 42 C.F.R. § 412.60(a). Patients who have similar clinical profiles and treatment costs are assigned to the same DRG. The DRG specifies a fixed payment for patient services based on the average treatment costs of patients within the DRG. CMS assigns, for each DRG, an appropriate weighting factor that reflects the estimated relative cost of hospital resources used with respect to discharges classified within that group compared to discharges classified within other groups. 42 C.F.R. § 412.60(b).

56. When submitting claims to Medicare, the hospital includes the DRG on claims forms and then Medicare uses the DRG to determine the compensation paid to the hospital for the services provided.

57. Medicare reimburses professional components of clinical pathology services provided to Medicare patients through Medicare Part A DRG payments to hospitals instead of through direct payments by Medicare Part B to the pathologists. The Medicare Part A reimbursements account for professional component services in the DRG calculations.

58. The professional components of clinical pathology services are critical to the diagnosis and treatment of patients and these services can only be performed by credentialed physicians. These services include setting up test protocols, calibrating equipment and supervising testing, interpreting results, and consulting with treating physicians.

59. Professional component services for clinical pathology services are covered under Medicare Part A and therefore compensation must be paid to physicians by the hospital at fair market value for the services.

60. Medicare Advantage Plans are offered by private companies that contract with Medicare and these types of plans fall under Medicare Part C. These plans cover all Part A and Part B benefits. Medicare Advantage Plans include: Health Maintenance Organizations (“HMOs”), Preferred Provider Organizations (“PPOs”), and Private Fee-for-Service Plans.

B. Medicaid

61. Title XVIII of the Social Security Act, 42 U.S.C. § 1396, *et seq.* establishes Medicaid, a federally assisted grant program for the States. Medicaid enables the States to provide medical assistance and related services to needy individuals. CMS administers Medicaid on the federal level. Within broad federal rules, each state decides who is eligible for Medicaid, the services covered, payment levels for services, and administrative and operational procedures.

62. During the relevant time period, the United States provided funds to the Missouri Medical Assistance Program (Medicaid) under Title XIX of the Social Security Act, 42 U.S.C. § 1396 *et seq.* Enrolled providers of medical services to Medicaid recipients are eligible for payment for covered medical services under the provisions of Title XIX of the 1965 Amendments to the Federal Social Security Act. By becoming a participating provider in Medicaid, enrolled providers agree to abide by the rules, regulations, policies, and procedures governing claims for payment, and to keep and allow access to records and information as

required by Medicaid. In order to receive Medicaid funds, enrolled providers, together with authorized agents, employees, and contractors, are required to abide by all provisions of the Social Security Act, the regulations promulgated under the Act, and all applicable policies and procedures issued by the State

63. To become an enrolled Medicaid provider in Missouri, physicians must submit an application through the Missouri HealthNet Division of the Department of Social Services (“MO HealthNet”). The credentialing application has numerous parts, including, but not limited to, the Clinical Laboratory Improvement Act (“CLIA”) identification number issued to the practice location of enrollment, the physician’s Medicare Provider Number, the TIN, the physician’s NPI, the physician’s financial information, the physician’s employment information, and the physician’s contact information.

64. Enrolled providers of medical services to Medicaid recipients are eligible for payment for covered medical services under the provisions of Title XIX of the 1965 Amendments to the Federal Social Security Act.

C. Tricare

65. During the relevant time period, the United States administered and funded the Civilian Health and Medical Program of the Uniformed Services (formerly known as Champus and now called the Tricare program). Tricare provides medical and dental care to members and certain former members of the uniformed services and their dependents, 10 U.S.C. § 1071 *et seq.* By becoming a participating provider in Tricare, enrolled providers agree to abide by the rules, regulations, policies, and procedures governing claims for payment, and to keep and allow access to records and information as required by Tricare. In order to receive Tricare funds, enrolled providers, together with authorized agents, employees, and contractors, are required to abide by all Tricare regulations, and all applicable policies and procedures issued by the State.

66. Tricare is managed by the Defense Health Agency (“DHA”), which assumed this responsibility on October 1, 2013.

67. The DHA contracts with private insurers to process Tricare claims for a specified geographic area.

68. Tricare was divided into three regions in 2004. Tricare North included the area covering St. Louis, Missouri. Tricare West covered the rest of the Missouri area.

69. Before January 1, 2018, Health Net Federal Services, LLC (“HNFS”) was responsible for administration of Tricare services in the North region covering St. Louis. Before January 1, 2018, UHG was responsible for administration of Tricare services in the West region covering the rest of Missouri.

70. On January 1, 2018, Tricare was reconfigured into two regions, Tricare East and Tricare West. Humana Military Healthcare Services, Inc. (“HMH”) is responsible for administration of Tricare services in the East region covering the St. Louis area. HNFS is responsible for administration of Tricare services in the West region covering the rest of Missouri.

D. Background of the Businesses

71. On October 1, 2001, SLPA entered into a contract with SJMHS to provide SJMHS with medical directorship and professional clinical and pathology services.

72. SLPA physicians rendered services at SJMHS facilities.

73. SLCP is owned by physicians employed by SLPA. SLCP provides primarily out-of-network billing services for clinical pathology services provided at SJMHS facilities by SLPA.

74. PDM is a contractor of SLCP for medical claim billing and collection services. This includes billing to Government Payors by PDM on behalf of SLCP. PDM did all of SLCP's billing.

75. SLPA and SLCP are not independent labs.

76. SLCP was created to bill for certain procedures for which SLPA would otherwise not be allowed to bill or receive reimbursement. On information and belief, these services were billed on an out-of-network basis to patients and to Government Payors by PDM at the direction of SLPA physicians.

77. UHG offers multiple Medicare Advantage Plans. UHG offers both HMO and PPO plans to its members.

78. UHG is obligated to require providers it reimburses to become Credentialed Physicians in order to provide Medicare Advantage Plan covered services through those providers. Providers must submit an application with information sufficient to meet the credentialing requirements. The credentialing requirements include: (1) A practitioner degree, post-graduate education or training, details of medical or professional education and training, and completion of residency in the designated specialty; (2) A current license or certification in the state(s) in which the provider will be practicing, the physician's NPI, the physician's Active Drug Enforcement Agency number and/or Controlled Substance (CDS) certificate or acceptable substitute, and Medicare/Medicaid participation eligibility or certification; (3) Five-year work history and explanations if there are gaps longer than 6 months, statements of work limitations, license history and sanctions, a W-9 form, and the physician's hospital staff privileges; (4) Possession of active errors and omissions insurance or a state-approved alternative and malpractice history; and (5) Other credentialing requirements such as the physician's AMA

profile or criminal history review as required, a passing score on a state site visit, and notification if the provider has ever been a delegated provider prior to the credentialing application.

E. Uncredentialed physicians fraudulently claimed reimbursements for care

79. S.A.M., MD (“Dr. M.”) was the President of SLPA until July 2017, at which time Dr. P.H. (“Dr. H.”) became President. Dr. M.D.P. (“Dr. P.”) became president after Dr. H. resigned in May 2018.

80. Some Uncredentialed Physicians employed by SLPA provided services to patients who received insurance through Government Payors.

81. The majority of physicians employed by SLPA were Uncredentialed Physicians. Rather than submit claims by Uncredentialed Physicians to Government payors, which would be rejected, claims were submitted under the NPIs of Drs. M. and H., who were Credentialed Physicians, even when they were not the physicians who had provided the services.

82. For example, during August and September of 2018, Dr. J.K. (“Dr. K.”) submitted claims to Medicare for work he performed under his own NPI. Medicare denied reimbursement because Dr. K. was not a properly credentialed Medicare provider.

83. Dr. H. and Dr. P. then instructed Credentialed Physicians at the practice to rebill Dr. K.’s work under their own NPIs.

84. UHG instructed pathologists to submit claims forms without regard to credentialing.

85. In addition, multiple pathologists at SLPA’s facilities had not undergone the process of Medicaid credentialing or revalidation in Missouri over a twenty-year period. Defendants submitted claims primarily under only one pathologist who had completed the requisite credentialing process with Medicaid. The overwhelming majority of all of the services

billed and paid for by Medicaid were rendered by other pathologists. Thousands of claims were billed under a non-rendering pathologist and inaccurate NPI number.

F. Billing by trial and error

86. Under Medicare Part B, reimbursement for physician and ancillary services is secured through a coding system known as the Current Procedural Terminology System (“CPT”). Under this system a CPT code is assigned to each particular service or procedure provided to a patient. Each CPT code is supported by an International Classification of Diseases Tenth Edition (“ICD-10”) diagnosis code.

87. Healthcare providers utilize CPT codes when billing federally funded healthcare programs to tell the payor what level of service has been rendered.

88. SLPA, PDM, and SJMHS changed ICD-10 codes and CPT codes after Medicare rejected claims for reimbursement to different codes until Medicare provided reimbursement in a process of “trial and error” claim billing.

COUNT I

Violation of False Claims Act § 3729 et seq.
Billing for Services of Non-rendering and Uncredentialed Physicians Using NPIs of Credentialed Physicians

89. Relator realleges and incorporates the allegations of paragraphs 1 through 88 as though fully set forth herein.

90. The majority of all of SLPA and SLCP’s claims were submitted to Government Payors under the NPIs of Drs. M. and H. when the services were actually performed by other doctors.

91. To illustrate, Dr. M. received \$7,673 from Medicaid, \$6,236 from Medicare, \$71,699 from PPO plans, and \$18,730 from HMOs, such as those provided by Medicare through UHG, for Level IV pathology exams provided at location 1 during this time period. (Ex. A. 83).

92. Dr. H. received \$2,209 from Medicaid, \$2,886 from Medicare, \$18,800 from PPO plans, such as those provided by Medicare through UHG, and \$6,206 from HMOs, such as those provided by Medicare through UHG, for Level IV pathology exams provided at location 1 during this time period. (*Id.* 39).

93. By contrast, Dr. J.L. (“Dr. L.”) received \$3,019 (*Id.* 2), Dr. P.C. (“Dr. C.”) received \$301 (*Id.* 6), Dr. G.L. received \$1,635 (*Id.* 10), Dr. A.M. received \$0 (*Id.* 14), Dr. C.J. received \$1,359 (*Id.* 15), Dr. S.M. received \$3,543 (*Id.* 19), Dr. L.G. received \$605, (*Id.* 24-25), Dr. P. received \$3,144 (*Id.* 29), Dr. J.H. received \$2,579 (*Id.* 34), Dr. B.O. received \$1,979 (*Id.* 47), Dr. E.S. received \$901 (*Id.* 52), Dr. X.H. received \$1,079 (*Id.* 66), and Dr. A.F. received \$763 (*Id.* 69) from Medicare for Level IV pathology exams at location 1 for the same time period. Almost none of these providers received any payments from other insurance carriers but Medicare and the payments they did receive from Medicare were disproportionately less than that of Dr. M. and Dr. H..

94. Dr. M. received \$6,903 from Medicare, \$28,732 from Medicaid, \$125,721 from PPOs, and \$47,106 from HMOs for Level V Pathology Exams provided at location 1 during the year 2016. (*Id.* 83).

95. By contrast, Dr. L. received \$2,012 from Medicare only (*Id.* 2), Dr. C.J. received \$1,114 from Medicare only (*Id.* 15), Dr. L.G. received \$483 from Medicare only (*Id.* 25), Dr. P. received \$2,499 from Medicare only (*Id.* 29), Dr. J.H. received \$2,501 from Medicare only (*Id.* 34), Dr. E.S. received \$81 from Medicare only (*Id.* 52), Dr. A.A. received \$5,497 from Medicare only (*Id.* 57), Dr. M.M. received \$2,658 from Medicare only (*Id.* 61), Dr. X.H. received \$1,079 from Medicare only (*Id.* 66), and Dr. A.F. received \$1,553 from Medicare only (*Id.* 69) for Level V Pathology Exams provided at location 1 for 2016.

96. Dr. M. and Dr. H. received the vast majority of payments from other commercial carriers for the year 2016. (See Ex. A.). Because commercial carriers, like UHG, have contracts with the government to provide Medicare Advantage plans, there is even more billing to Government Payors under Dr. M.'s and Dr. H.'s NPIs when they were not the rendering providers than is reflected in the Exhibit A report.

97. From January 1, 2017, to October 31, 2017, billing was done under the NPI of Dr. H. for services performed by other doctors. Similar billing patterns occurred to those seen in Exhibit A.

98. Dr. H. received \$30,040.97 from Medicaid, \$5,541.93 from Medicare, \$137,980.91 from PPOs, and \$14,447.23 from HMOs for Level IV exams at location 1 for this time period. (Ex. B. 33). Dr. H. received \$6,048.61 from Medicaid and \$5,495 from Medicare for Level IV exams at location 2 for this time period. (*Id.* 42). By contrast, Dr. E.S. received just \$12.90 from Medicare for Level IV exams at location 2 during the same time period. (*Id.* 60). She received no payments from Medicaid, PPOs, or HMOs for these services. Dr. A.A. received \$3,723.77 from Medicare for Level IV exams at location 1 during the same time period. (*Id.* 64). She received no payments from Medicaid, PPOs, or HMOs for these services. Dr. G.L. received \$1,166.08 from Medicare for Level IV exams at location 1 during the same time period. (*Id.* 9). She received no payments from Medicaid during this time period. Dr. M.M. received \$1,841 from Medicare only for Level IV exams at location 1 during this time period. (*Id.* 68). Dr. A.F. received \$2,983.80 from Medicare only for Level IV exams at location 1 during this time period. (*Id.* 78). Dr. J.K. received \$3,685.03 from Medicare only for Level IV exams at location 1 during this time period. (*Id.* 84).

99. The disparity in billing between Drs. M. and H. and the rest of SLPA's physicians demonstrates the use of Drs. M. and H.'s NPIs by other physicians in violation of § 3729 *et. seq.* The level of work that Drs. M. and H. claim to have performed is impossible for one person to do. By utilizing the NPI numbers of Drs. M. and H., other SLPA physicians received reimbursement for procedures for which they would not otherwise be entitled to reimbursement due to their lack of credentials.

100. SLPA and PDM knowingly falsified records by affixing the NPI/UPIN of physicians who did not render the pathology services to claims forms during at least the years 2013–2018. PDM (on behalf of SLCP) and SLPA then presented the altered and false claims forms to WPS, PGBA, MO HealthNet, HNFS, HMH, and UHG.

101. WPS, PGBA, MO HealthNet, HNFS, and HMH, unaware of the falsity of the claims and/or statements, made or caused to be made by SJMHS, SLPA, SLCP, and PDM, paid and may continue to pay reimbursements for services provided by non-rendering and/or Uncredentialed Physicians. On information and belief, UHG was aware that these claims forms were falsified, or reasonably should have been aware that the forms were falsified. In addition, Defendants' process of trial and error billing, as discussed above, violated the FCA.

102. As a result of Defendants' actions, the U.S. Government paid to Defendants money to which Defendants were not entitled under the law.

103. As a result of Defendants' actions, the U.S. was severely damaged and will continue to be severely damaged.

COUNT II

Violation of False Claims Act § 3729 *et. seq.*
Billing Medicare and Other Government Carriers Using Group TINs and UPINs/NPIs of
Non-rendering and/or Uncredentialed Physicians

104. Relator realleges and incorporates the allegations of paragraphs 1 through 103 as though fully set forth herein.

105. Relator contacted the Missouri regional representative for UHG, T.V., to see if credentialing of physicians could be expedited. T.V. informed Relator that UHG reimbursed by TIN, not by NPI.

106. T.V. instructed Relator to submit billing claims forms using the TIN of SLPA and the NPI of Uncredentialed Physicians.

107. T.V. also told relator that using TINs while physicians were either uncredentialed or in the process of becoming credentialed was “standard practice” and that this is “done all over the country.” Relator told the UHG representative that this was non-compliant with CMS regulations, but SLPA, PDM, and UHG submitted billing records using TINs regardless of these concerns.

108. SLPA and PDM affixed the TIN to the claims forms submitted on behalf of Uncredentialed Physicians and submitted these falsified records to UHG. UHG knew that these records were false because it instructed SLPA that it reimbursed based on the TIN, not the NPI.

109. UHG then presented these false claims to Government Payors, which, in reliance on the accuracy of the forms, paid UHG for pathology services.

110. As a result of UHG’s actions, the U.S. Government paid Defendants when they were not entitled to receive these payments.

111. As a result of UHG’s actions, the U.S. was severely damaged and will continue to be severely damaged.

COUNT III

Violation of False Claims Act § 3729 et. seq.
Double Billing

112. Relator realleges and incorporates the allegations of paragraphs 1 through 111 as though fully set forth herein.

113. PDM (at the direction of SLCP) and SLPA billed Government Payors for pathologist services directly.

114. In some instances, billing and payment by Medicare for these pathological services was already accounted for by claims forms submitted by SJMHS to Medicare.

115. As a result of SLPA and PDM's actions in directly billing Government Payors, the Government was double-billed, or even triple-billed, for those services, in violation of 31 U.S.C. § 3729.

116. As a result of SLPA, SLCP, PDM, and SJMHS's actions, the U.S. was severely damaged and will continue to be severely damaged.

COUNT IV

Violation of False Claims Act § 3729 et. seq.
Violation of the Anti-Kickback Statute

117. Relator realleges and incorporates the allegations of paragraphs 1 through 116 as though fully set forth herein.

118. SLPA used SLCP to bill for claims for which SLPA was not entitled to receive payment. On information and belief, at least some of this billing was directed to Government Payors.

119. PDM would take a percentage of the money it recovered on behalf of SLCP in exchange for its services. SLCP would take the remaining money, less PDM's percentage fee, and transfer it to SLPA.

120. SLPA pathologists represented themselves as employed by either SLPA or SLCP for billing and collection purposes depending on the ability of each firm to receive

reimbursement by the Government. For example, if SLPA could bill for Procedure *x* but not Procedure *y*, SLPA would bill for Procedure *x* and SLCP, on behalf of SLPA, and without disclosing to the patient that it was operating on behalf of SLPA, would bill for Procedure *y*. In this manner, pathologists would “change hats” depending on the organization that could bill for a procedure.

121. Because SLCP was not generating its own patients, pathologists, when acting on behalf of the shell organization SLCP were “referred” patients from SLPA who were sent by SJMHS to SLPA for pathology services.

122. In return for these “referrals” to SLCP for the furnishing of certain pathology services, SLPA was paid for services it was not entitled to bill for, resulting in remuneration it would not otherwise receive. SLPA knowingly engaged in these actions and willfully solicited the higher compensation from the remuneration in exchange for the referrals in violation of 42 U.S.C. § 1320a-7b(b)(1)(A).

123. Because this claim involves services resulting from a violation of the Anti-Kickback Statute, it constitutes a false or fraudulent claim for the purposes of subchapter III of chapter 37 of Title 31 (the FCA). *Id.* § 1320a-7b(g).

124. As a result of SLPA and SLCP’s actions, the United States has been, and will continue to be severely damaged.

COUNT V

Conspiracy to Submit False Claims

125. Relator realleges and incorporates the allegations of paragraphs 1 through 124 as though fully set forth herein.

126. Defendants combined, conspired, and agreed together to defraud the U.S. Government by knowingly submitting false claims, for the purpose of getting the false or fraudulent claims paid or allowed, and committed other overt acts set forth above in furtherance of that conspiracy, all in violation of 31 U.S.C. § 3729(a)(1)(C).

127. Defendants unlawfully agreed to act, or knowingly acted in concert with an implied agreement, in furtherance of receiving payment on false or fraudulent claims from the U.S. Government and performed at least one act in furtherance of said agreement.

128. As a result of Defendants' actions, the United States has been, and will continue to be severely damaged.

PRAYER FOR RELIEF

WHEREFORE, Relator respectfully asks this Court to enter judgment against SJMHS, SLPA, SLCP, PDM, and UHG in accordance with the following:

- (a) That Defendants be ordered to cease and desist from submitting and/or causing to be submitted any additional false claims or otherwise violating 31 U.S.C. §§ 3729 *et seq.*;
- (b) That civil penalties be imposed of not less than Five Thousand (\$5,000.00) Dollars nor more than Ten Thousand (\$10,000.00) Dollars for each and every false claim presented to the United States, multiplied as provided by 31 U.S.C. §§ 3729 *et seq.*;
- (c) That Relator be awarded the maximum amount allowed pursuant to 31 U.S.C. § 3730(d);
- (d) That judgment be entered for Relator and against Defendants for any costs, including, but not limited to, court costs, expert fees, and all attorneys' fees, costs, and expenses for which Relator necessarily incurred in bringing this case;

- (e) That pre- and post-judgment interests be awarded;
- (f) That the Court grant permanent injunctive relief to prevent any recurrence of the False Claims Act violations for which redress is sought in this complaint; and
- (g) For such other and further relief as the Court deems just and proper under the circumstances.

Verification

I, Joanne Waters, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. This verification is made pursuant to 28 U.S.C. § 1746.

Executed this 2nd day of Jun, 2020



Joanne Waters, Relator

Dated: January 9, 2020

Respectfully submitted,

/s/ Anthony G. Simon
Anthony G. Simon, #38745
THE SIMON LAW FIRM, P.C.
800 Market Street, Suite 1700
St. Louis, Missouri 63101
P. (314) 241-2929
Fax (314) 241-2029
asimon@simonlawpc.com

Attorney for Plaintiffs

EXHIBIT A

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 11 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 1
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
0745	ELECTROPHORESIS SERUM PROTEIN												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	8	0	0	0	0	8
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	552	0	0	0	0	552
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	145	0	0	0	0	145
0748	ELECTROPHORESIS, RANDOM URINE												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	324	0	0	0	0	324
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	72	0	0	0	0	72
1118	IMMUNOFIXATION ELECTROPHORESIS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	140	0	0	0	0	140
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	36	0	0	0	0	36
1634	CYTOPATH EXAM-CELL ENHANCE INT												
	# Proc Current	0	0	0	0	0	0	3	0	0	0	0	3
	# Proc YTD	0	0	0	0	0	0	52	0	0	0	0	52
	\$ Chg Amt Current	0	0	0	0	0	0	816	0	0	0	0	816
	\$ Chg Amt YTD	0	0	0	0	0	0	12,240	0	0	0	0	12,240
	\$ Payments Current	0	0	0	0	0	0	68	0	0	0	0	68
	\$ Payments YTD	0	0	0	0	0	0	1,654	0	0	3	0	1,656
1646	FNA IMMEDIATE EVALUATION INT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	200	0	0	0	0	200
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	37	0	0	0	0	37
1647	CYTOPATH EXAM-FNA INTERPRET INT												
	# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
	# Proc YTD	0	0	0	0	0	0	14	0	0	0	0	14
	\$ Chg Amt Current	0	0	0	0	0	0	211	0	0	0	0	211

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 11 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 3
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	23	0	0	0	0	23
\$ Chg Amt Current	0	0	0	0	0	0	78	0	0	0	0	78
\$ Chg Amt YTD	0	0	0	0	0	0	1,014	0	0	0	0	1,014
\$ Payments Current	0	0	0	0	0	0	95	0	0	0	0	95
\$ Payments YTD	0	0	0	0	0	0	348	0	0	0	0	348
1699 SPECIAL STAIN - GROUP 1REENNNT												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	150	0	0	0	0	150
\$ Chg Amt YTD	0	0	0	0	0	0	525	0	0	0	0	525
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	203	0	0	0	0	203
1703 SPECIAL STAIN - GROUP 2REENNNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	525	0	0	0	0	525
\$ Payments Current	0	0	0	0	0	0	24	0	0	0	0	24
\$ Payments YTD	0	0	0	0	0	0	83	0	0	0	0	83
1715 FROZEN SECTION EXAMUP 2REENNNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	3	0	0	0	0	3
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	600	0	0	0	0	600
\$ Payments Current	0	0	0	0	0	0	51	0	0	0	0	51
\$ Payments YTD	0	0	0	0	0	0	353	0	0	0	0	353
1719 IMMUNOCYTOCHEMISTRY STAINENNNT												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	11	0	0	0	0	11
\$ Chg Amt Current	0	0	0	0	0	0	128	0	0	0	0	128
\$ Chg Amt YTD	0	0	0	0	0	0	1,536	0	0	0	0	1,536
\$ Payments Current	0	0	0	0	0	0	130	0	0	0	0	130
\$ Payments YTD	0	0	0	0	0	0	390	0	0	0	0	390
1748 JOINT FLUID EXAM/CRYSTAL IDENT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	45	0	0	0	0	45

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 13 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 7
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCO	MED	MEDR	PER	PPO	OTH	(TOT)
	\$ Chg Amt YTD	0	0	0	0	0	0	854	0	0	0	0	854
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	300	0	0	0	0	300
16982	DECALCIFICATION PROCEDURENNLU												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	195	0	0	0	0	195
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	77	0	0	0	0	77
17192	IMMUNOCYTOCHEMISTRY STAINNNLU												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	128	0	0	0	0	128
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	36	0	0	0	0	36
22442	PERIPHERIAL BLOOD SMEAR EXAMNLU												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
29272	OPERATING ROOM CONSULTATIONMLU												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	244	0	0	0	0	244
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	74	0	0	0	0	74
35402	IMMUNOCYTOCHEMISTRY STAINNNLU												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	180	0	0	0	0	180
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	108	0	0	0	0	108

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 17 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 9
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
16961 PATH EXAM LEVEL V SPECIMENNNLU												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	269	0	0	0	0	269
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	67	0	0	0	0	67

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 19 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 10
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PFO	OTH	(TOT)
16341	CYTOPATH EXAM-CELL ENHANCE INT											
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	YTD	0	0	0	0	0	28	0	0	0	0	28
16871	PATH EXAM LEVEL I SPECIMEN INT											
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	YTD	0	0	0	0	0	0	0	0	0	0	0
16881	PATH EXAM LEVEL II SPECIMENINT											
# Proc	Current	0	0	0	0	0	1	0	0	0	0	1
# Proc	YTD	0	0	0	0	0	2	0	0	0	0	2
\$ Chg Amt	Current	0	0	0	0	0	77	0	0	0	0	77
\$ Chg Amt	YTD	0	0	0	0	0	154	0	0	0	0	154
\$ Payments	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	YTD	0	0	0	0	0	13	0	0	0	0	13
16891	PATH EXAM LEVEL III SPECIMENNT											
# Proc	Current	0	0	0	0	0	1	0	0	0	0	1
# Proc	YTD	0	0	0	0	0	9	0	0	0	0	9
\$ Chg Amt	Current	0	0	0	0	0	220	0	0	0	0	220
\$ Chg Amt	YTD	0	0	0	0	0	1,210	0	0	0	0	1,210
\$ Payments	Current	0	0	0	0	0	11	0	0	0	0	11
\$ Payments	YTD	0	0	0	0	0	113	0	0	0	0	113
16921	PATH EXAM LEVEL IV SPECIMENNT											
# Proc	Current	0	0	0	0	0	5	0	0	0	0	5
# Proc	YTD	0	0	0	0	0	30	0	0	0	0	30
\$ Chg Amt	Current	0	0	0	0	0	1,050	0	0	0	0	1,050
\$ Chg Amt	YTD	0	0	0	0	0	7,700	0	0	0	0	7,700
\$ Payments	Current	0	0	0	0	0	422	0	0	0	0	422
\$ Payments	YTD	0	0	0	0	0	1,635	0	0	0	0	1,635
16961	PATH EXAM LEVEL V SPECIMENNT											
# Proc	Current	0	0	0	0	0	4	0	0	0	0	4
# Proc	YTD	0	1	0	0	0	15	0	0	0	0	16
\$ Chg Amt	Current	0	0	0	0	0	1,345	0	0	0	0	1,345

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 19 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 13
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
3260F PHYS QUALITY RPTING INITIATIVE												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
3540F IMMUNOCYTOCHEMISTRY STAINATIVE												
# Proc Current	0	0	0	0	0	0	2	0	0	0	0	2
# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
\$ Chg Amt Current	0	0	0	0	0	0	585	0	0	0	0	585
\$ Chg Amt YTD	0	0	0	0	0	0	585	0	0	0	0	585
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	153	0	0	0	0	153

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 21 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 17
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	3	0	0	0	0	3
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	384	0	0	0	0	384
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	212	0	0	0	0	212
2734F PATH EXAM FLUID CELL BLOCKNNNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	38	0	0	0	0	38
2927F OPERATING ROOM CONSULTATIONNNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	122	0	0	0	0	122
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	36	0	0	0	0	36
3126F PQRI - BARRETT'S ESOPHAGUSNNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
3194F ARCHIVE FOR MOLECULAR ANALYSIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
3540F IMMUNOCYTOCHEMISTRY STAINLYSIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	225	0	0	0	0	225

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 22 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 19
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	HCD	MED	MEDR	PER	PPO	OTH	(TOT)
16341	CYTOPATH EXAM-CELL ENHANCE INT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	408	0	0	0	0	408
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	62	0	0	0	0	62
16871	PATH EXAM LEVEL I SPECIMEN INT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	43	0	0	0	0	43
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	5	0	0	0	0	5
16881	PATH EXAM LEVEL II SPECIMENINT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	308	0	0	0	0	308
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	38	0	0	0	0	38
16891	PATH EXAM LEVEL III SPECIMENNT												
	# Proc Current	0	0	0	0	0	0	4	0	0	0	0	4
	# Proc YTD	0	0	0	0	0	0	16	0	0	0	0	16
	\$ Chg Amt Current	0	0	0	0	0	0	440	0	0	0	0	440
	\$ Chg Amt YTD	0	0	0	0	0	0	1,760	0	0	0	0	1,760
	\$ Payments Current	0	0	0	0	0	0	11	0	0	0	0	11
	\$ Payments YTD	0	0	0	0	0	0	190	0	0	0	0	190
16921	PATH EXAM LEVEL IV SPECIMENNTT												
	# Proc Current	0	0	0	0	0	0	5	0	0	0	0	5
	# Proc YTD	0	0	0	0	0	0	49	0	0	0	0	49
	\$ Chg Amt Current	0	0	0	0	0	0	1,400	0	0	0	0	1,400
	\$ Chg Amt YTD	0	0	0	0	0	0	16,975	0	0	0	0	16,975
	\$ Payments Current	0	0	0	0	0	0	179	0	0	0	0	179
	\$ Payments YTD	0	0	0	0	0	0	3,543	0	0	0	0	3,543
16961	PATH EXAM LEVEL V SPECIMENNTT												
	# Proc Current	0	0	0	0	0	0	4	0	0	0	0	4
	# Proc YTD	0	0	0	0	0	0	50	0	0	0	0	50
	\$ Chg Amt Current	0	0	0	0	0	0	1,076	0	0	0	0	1,076

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 24 ██████████

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 27
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	23	0	0	0	0	23
35401 IMMUNOCYTOCHEMISTRY STAIN MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	43	0	0	0	0	43

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 25 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 28
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
07451	ELECTROPHORESIS SERUM PROTEINR												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	19	0	0	0	0	19
07481	ELECTROPHORESIS, RANDOM URINER												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	19	0	0	0	0	19
08951	BONE MARROW SMEAR EXAMM URINER												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	219	0	0	0	0	219
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	58	0	0	0	0	58
16341	CYTOPATH EXAM-CELL ENHANCE INT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	204	0	0	0	0	204
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	27	0	0	0	0	27
16881	PATH EXAM LEVEL II SPECIMENINT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	385	0	0	0	0	385
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	42	0	0	0	0	42
16891	PATH EXAM LEVEL III SPECIMENNT												
	# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
	# Proc YTD	0	0	0	0	0	0	27	0	0	0	0	27
	\$ Chg Amt Current	0	0	0	0	0	0	110	0	0	0	0	110

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 25 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 30
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	3	0	0	0	0	3
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	375	0	0	0	0	375
	\$ Payments Current	0	0	0	0	0	0	10	0	0	0	0	10
	\$ Payments YTD	0	0	0	0	0	0	63	0	0	0	0	63
17151	FROZEN SECTION EXAMUP 2REENNT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	3	0	0	1	0	4
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	1,000	0	0	200	0	1,200
	\$ Payments Current	0	0	0	0	0	0	152	0	0	0	0	152
	\$ Payments YTD	0	0	0	0	0	0	279	0	0	92	0	371
17161	FROZEN SECTION EXAM-ADDITIONAL												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	99	0	0	0	0	99
	\$ Payments Current	0	0	0	0	0	0	25	0	0	0	0	25
	\$ Payments YTD	0	0	0	0	0	0	25	0	0	0	0	25
17191	IMMUNOCYTOCHEMISTRY STAINIONAL												
	# Proc Current	0	0	0	0	0	0	4	0	0	0	0	4
	# Proc YTD	0	0	0	0	0	0	19	0	0	1	0	20
	\$ Chg Amt Current	0	0	0	0	0	0	640	0	0	0	0	640
	\$ Chg Amt YTD	0	0	0	0	0	0	2,688	0	0	128	0	2,816
	\$ Payments Current	0	0	0	0	0	0	101	0	0	0	0	101
	\$ Payments YTD	0	0	0	0	0	0	611	0	0	44	0	655
22441	PERIPHERIAL BLOOD SMEAR EXAMAL												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	156	0	0	0	0	156
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	127	0	0	0	0	127
27341	PATH EXAM FLUID CELL BLOCKAMAL												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	175	0	0	0	0	175

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 26 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 35
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCO	MED	MEDR	PER	PFO	OTH	(TOT)
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	75	0	0	0	0	75
\$ Chg Amt YTD	0	0	0	0	0	0	375	0	0	0	0	375
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	76	0	0	0	0	76
17151 FROZEN SECTION EXAMUP 2REBNNT												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
\$ Chg Amt Current	0	0	0	0	0	0	200	0	0	0	0	200
\$ Chg Amt YTD	0	0	0	0	0	0	1,000	0	0	0	0	1,000
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	354	0	0	0	0	354
17191 IMMUNOCYTOCHEMISTRY STAINENNT												
# Proc Current	0	0	0	0	0	0	4	0	0	0	0	4
# Proc YTD	0	0	0	1	0	0	23	0	0	0	0	24
\$ Chg Amt Current	0	0	0	0	0	0	512	0	0	0	0	512
\$ Chg Amt YTD	0	0	0	128	0	0	2,944	0	0	0	0	3,072
\$ Payments Current	0	0	0	0	0	0	36	0	0	0	0	36
\$ Payments YTD	0	0	0	54	0	0	807	0	0	0	0	861
22441 PERIPHERIAL BLOOD SMEAR EXAMNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
27341 PATH EXAM FLUID CELL BLOCKAMNT												
# Proc Current	0	0	0	0	0	0	3	0	0	0	0	3
# Proc YTD	0	0	0	0	0	0	28	0	0	0	0	28
\$ Chg Amt Current	0	0	0	0	0	0	525	0	0	0	0	525
\$ Chg Amt YTD	0	0	0	0	0	0	5,250	0	0	0	0	5,250
\$ Payments Current	0	0	0	0	0	0	123	0	0	0	0	123
\$ Payments YTD	0	0	0	0	0	0	1,075	0	0	0	0	1,075
35401 IMMUNOCYTOCHEMISTRY STAINAMNT												
# Proc Current	0	0	0	0	0	0	4	0	0	0	0	4
# Proc YTD	0	0	0	1	0	0	22	0	0	0	0	23
\$ Chg Amt Current	0	0	0	0	0	0	585	0	0	0	0	585
\$ Chg Amt YTD	0	0	0	90	0	0	3,420	0	0	0	0	3,510

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 27 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 37
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEOR	PER	PPO	OTH	(TOT)
06728	OLIGOCYCLONAL BANDSTOLOGY STAIN												
	# Proc Current	0	1	0	0	0	0	1	0	0	3	0	5
	# Proc YTD	0	4	0	0	3	2	3	0	0	8	0	20
	\$ Chg Amt Current	0	81	0	0	0	0	81	0	0	243	0	405
	\$ Chg Amt YTD	0	324	0	0	243	162	243	0	0	648	0	1,620
	\$ Payments Current	0	31	0	0	19	32	4	0	0	20	0	106
	\$ Payments YTD	0	62	0	0	55	32	33	0	0	39	0	221
07458	ELECTROPHORESIS SERUM PROTEIN												
	# Proc Current	0	2	0	2	6	3	4	0	2	10	0	29
	# Proc YTD	0	12	0	5	12	11	16	0	10	33	0	99
	\$ Chg Amt Current	0	138	0	138	414	207	276	0	138	690	0	2,001
	\$ Chg Amt YTD	0	828	0	345	828	759	1,104	0	690	2,277	0	6,831
	\$ Payments Current	0	93	0	0	18	56	72	0	14	109	0	362
	\$ Payments YTD	0	284	0	18	90	113	181	0	14	385	0	1,085
07468	ELECTROPHORESIS, 24-H URINE												
	# Proc Current	0	0	0	0	2	1	1	0	1	5	0	10
	# Proc YTD	0	3	0	1	3	2	5	0	4	10	0	28
	\$ Chg Amt Current	0	0	0	0	162	81	81	0	81	405	0	810
	\$ Chg Amt YTD	0	243	0	81	243	162	405	0	324	810	0	2,268
	\$ Payments Current	0	0	0	0	0	0	33	0	0	0	0	41
	\$ Payments YTD	0	80	0	18	19	16	69	0	8	36	0	245
07488	ELECTROPHORESIS, RANDOM URINE												
	# Proc Current	0	1	0	1	2	1	1	0	0	1	0	7
	# Proc YTD	0	2	0	2	3	2	4	0	3	7	0	23
	\$ Chg Amt Current	0	81	0	81	162	81	81	0	0	81	0	567
	\$ Chg Amt YTD	0	162	0	162	243	162	324	0	243	567	0	1,863
	\$ Payments Current	0	0	0	0	18	0	29	0	0	24	0	71
	\$ Payments YTD	0	31	0	18	18	0	29	0	0	121	0	216
11188	IMMUNOFIXATION ELECTROPHORESIS												
	# Proc Current	0	2	0	0	5	2	3	0	1	9	0	22
	# Proc YTD	0	11	0	1	9	9	13	0	8	22	0	73
	\$ Chg Amt Current	0	140	0	0	350	140	210	0	70	630	0	1,540
	\$ Chg Amt YTD	0	770	0	70	630	630	910	0	560	1,540	0	5,110
	\$ Payments Current	0	96	0	0	18	59	83	0	14	124	0	394
	\$ Payments YTD	0	260	0	0	54	92	145	0	14	316	0	881
16348	CYTOPATH EXAM-CELL ENHANCE INT												
	# Proc Current	0	7	0	0	8	7	4	0	4	20	0	50
	# Proc YTD	0	36	0	9	36	22	12	0	8	57	0	180
	\$ Chg Amt Current	0	2,244	0	0	1,632	1,428	816	0	816	4,488	0	11,424

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 27 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 39
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc Current	0	31	0	8	28	9	10	0	6	43	0	135
# Proc YTD	0	133	0	37	110	57	45	0	32	203	0	617
\$ Chg Amt Current	0	7,700	0	2,450	8,750	2,450	3,150	0	1,575	12,775	0	38,850
\$ Chg Amt YTD	0	39,900	0	11,200	36,225	15,750	15,225	0	7,175	57,400	0	182,875
\$ Payments Current	0	5,703	0	915	2,663	1,118	746	0	18	6,539	0	17,702
\$ Payments YTD	0	16,014	0	1,442	6,206	2,209	2,886	0	18	18,880	0	47,656
16968 PATH EXAM LEVEL V SPECIMENNNT												
# Proc Current	0	63	0	9	40	42	5	0	7	90	0	256
# Proc YTD	0	262	0	40	159	202	23	0	30	372	0	1,088
\$ Chg Amt Current	0	20,982	0	3,228	13,181	12,374	1,614	0	2,421	30,128	0	83,928
\$ Chg Amt YTD	0	85,004	0	13,988	54,338	58,642	11,567	0	9,953	123,471	0	356,963
\$ Payments Current	0	10,784	0	1,602	4,778	4,201	695	0	54	10,658	0	32,772
\$ Payments YTD	0	35,669	0	3,118	12,113	10,601	3,819	0	54	30,017	0	95,392
16978 PATH EXAM LEVEL VI SPECIMENNNT												
# Proc Current	0	9	0	1	9	0	1	0	1	13	0	34
# Proc YTD	0	39	0	5	29	7	14	0	3	53	0	150
\$ Chg Amt Current	0	3,843	0	427	4,270	0	427	0	427	5,551	0	14,945
\$ Chg Amt YTD	0	17,934	0	2,135	13,664	2,989	5,970	0	1,281	24,339	0	66,320
\$ Payments Current	0	878	0	299	1,883	318	419	0	0	2,018	0	5,814
\$ Payments YTD	0	6,891	0	451	3,661	691	2,215	0	0	5,432	0	19,340
16988 DECALCIFICATION PROCEDURESNNNT												
# Proc Current	0	8	0	4	9	5	4	0	2	14	0	46
# Proc YTD	0	33	0	18	32	21	8	0	12	63	0	187
\$ Chg Amt Current	0	312	0	195	390	195	234	0	78	663	0	2,067
\$ Chg Amt YTD	0	1,560	0	780	1,482	936	429	0	468	2,769	0	8,424
\$ Payments Current	0	334	0	65	144	29	20	0	0	277	0	869
\$ Payments YTD	0	624	0	165	360	51	56	0	0	627	0	1,884
16998 SPECIAL STAIN - GROUP 1REENNNT												
# Proc Current	0	4	0	1	3	2	1	0	0	4	0	15
# Proc YTD	0	11	0	3	9	11	2	0	6	22	0	64
\$ Chg Amt Current	0	750	0	75	300	225	75	0	0	1,125	0	2,550
\$ Chg Amt YTD	0	1,650	0	225	975	1,425	150	0	525	4,275	0	9,225
\$ Payments Current	0	188	0	0	136	180	0	0	16	369	0	888
\$ Payments YTD	0	525	0	102	279	196	27	0	16	691	0	1,837
17018 SPECIAL STAIN - GROUP 2REENNNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	1	0	0	0	1	0	0	2
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	75	0	0	0	150	0	0	225

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 27 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 42
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PFO	OTH	(TOT)
18808 THERAPEUTIC APHERESIS PLASMAIS	\$ Payments YTD	0	80	0	0	0	0	0	0	36	0	116
	# Proc Current	0	1	0	0	0	0	0	5	5	0	11
	# Proc YTD	0	1	0	0	0	0	0	5	10	0	16
	\$ Chg Amt Current	0	295	0	0	0	0	0	1,770	1,475	0	3,540
	\$ Chg Amt YTD	0	295	0	0	0	0	0	1,770	2,950	0	5,015
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0
22448 PERIPHERIAL BLOOD SMEAR EXAMIS	# Proc Current	0	6	0	6	16	5	11	0	12	0	57
	# Proc YTD	0	25	0	17	37	29	31	0	52	0	206
	\$ Chg Amt Current	0	546	0	468	1,248	390	858	0	936	0	4,524
	\$ Chg Amt YTD	0	2,106	0	1,326	2,886	2,262	2,418	0	4,134	0	16,302
	\$ Payments Current	0	105	0	49	174	143	153	0	311	0	935
	\$ Payments YTD	0	471	0	98	495	301	438	0	1,018	0	2,820
27348 PATH EXAM FLUID CELL BLOCKXAMIS	# Proc Current	0	4	0	0	7	3	4	0	13	0	35
	# Proc YTD	0	21	0	6	24	11	13	0	34	0	116
	\$ Chg Amt Current	0	700	0	0	1,225	525	700	0	350	0	6,650
	\$ Chg Amt YTD	0	4,025	0	1,225	4,200	2,275	2,975	0	1,400	0	23,450
	\$ Payments Current	0	305	0	38	269	64	292	0	680	0	1,649
	\$ Payments YTD	0	1,602	0	282	654	255	385	0	1,454	0	4,832
27358 SPECIAL STAIN - GROUP 10CKXAMIS	# Proc Current	0	0	0	0	0	1	0	0	0	0	1
	# Proc YTD	0	0	0	0	0	1	1	0	1	0	3
	\$ Chg Amt Current	0	0	0	0	0	75	0	0	0	0	75
	\$ Chg Amt YTD	0	0	0	0	0	75	75	0	75	0	225
	\$ Payments Current	0	0	0	0	0	22	0	0	27	0	49
	\$ Payments YTD	0	0	0	0	0	22	0	0	27	0	49
29268 MD REVIEW OF TRANSFUSION REACT	# Proc Current	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	1	1	1	0	0	1	0	4
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	90	90	90	0	0	90	0	360
	\$ Payments Current	0	0	0	0	51	0	0	0	72	0	123
	\$ Payments YTD	0	0	0	0	51	33	0	0	72	0	157
29278 OPERATING ROOM CONSULTATIONACT	# Proc Current	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	2	0	1	0	0	0	3

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 27 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 43
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OIR	(TOT)
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	244	0	122	0	0	0	0	366
\$ Payments Current	0	0	0	0	37	0	37	0	0	0	0	73
\$ Payments YTD	0	0	0	0	68	0	37	0	0	0	0	105
29288 FLOW CYTOMETRY, 2 - 8 MARKERST												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	1	0	0	0	0	0	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	380	0	0	0	0	0	0	0	0	0	380
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	136	0	0	0	0	0	0	0	0	0	136
29298 FLOW CYTOMETRY, 9 - 15 MARKERS												
# Proc Current	0	1	0	0	0	0	0	0	0	0	0	1
# Proc YTD	0	3	0	0	0	0	0	0	0	1	0	4
\$ Chg Amt Current	0	231	0	0	0	0	0	0	0	0	0	231
\$ Chg Amt YTD	0	693	0	0	0	0	0	0	0	231	0	924
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	85	0	0	0	0	0	0	0	0	0	85
29308 FLOW CYTOMETRY, 16 OR MORE MAR												
# Proc Current	0	1	0	1	5	1	0	0	0	1	0	9
# Proc YTD	0	5	0	5	7	7	1	0	2	11	0	38
\$ Chg Amt Current	0	423	0	423	2,115	423	0	0	0	423	0	3,807
\$ Chg Amt YTD	0	2,115	0	2,115	2,961	2,961	423	0	1,269	5,076	0	16,920
\$ Payments Current	0	0	0	0	119	184	0	0	0	671	0	974
\$ Payments YTD	0	445	0	0	239	368	111	0	0	888	0	2,051
29358 BONE MARROW SMEAR EXAMMORE MAR												
# Proc Current	0	1	0	1	3	1	0	0	0	3	0	9
# Proc YTD	0	6	0	5	6	5	1	0	0	11	0	34
\$ Chg Amt Current	0	219	0	219	657	219	0	0	0	657	0	1,971
\$ Chg Amt YTD	0	1,314	0	1,095	1,314	1,095	219	0	0	2,409	0	7,446
\$ Payments Current	0	0	0	0	58	58	0	0	0	289	0	405
\$ Payments YTD	0	419	0	0	157	174	49	0	0	751	0	1,550
30018 IMMUNOFIXATION ELECTROPHORESIS												
# Proc Current	0	0	0	0	1	0	1	0	0	1	0	3
# Proc YTD	0	1	0	0	2	1	2	0	3	3	0	12
\$ Chg Amt Current	0	0	0	0	70	0	70	0	0	70	0	210
\$ Chg Amt YTD	0	70	0	0	140	70	140	0	210	210	0	840
\$ Payments Current	0	0	0	0	18	0	14	0	7	0	0	39
\$ Payments YTD	0	31	0	0	18	0	14	0	7	39	0	110

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 27 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 44
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
31948	ARCHIVE FOR MOLECULAR ANALYSIS											
# Proc	Current	0	1	0	0	0	1	0	0	2	0	4
# Proc	YTD	0	3	0	1	2	1	0	0	5	0	12
\$ Chg Amt	Current	0	50	0	0	0	50	0	0	100	0	200
\$ Chg Amt	YTD	0	150	0	50	100	50	0	0	250	0	600
\$ Payments	Current	0	0	0	19	0	0	0	0	72	0	91
\$ Payments	YTD	0	17	0	22	39	0	0	0	118	0	197
31978	FNA IMMEDIATE/ADDITIONAL EVALU											
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	0	0	0	0	0	0	0	1	0	1
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	0	0	0	0	0	0	0	198	0	198
\$ Payments	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	YTD	0	0	0	0	0	0	0	0	47	0	47
3267F	PQRI - PROSIATEDDITIONAL EVALU											
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	0	0	0	0	2	0	0	0	0	2
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	Current	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	YTD	0	0	0	0	0	0	0	0	0	0	0
3334F	INITIAL ISH READING W/QUANTIFI											
# Proc	Current	0	0	0	1	0	0	0	0	0	0	1
# Proc	YTD	0	0	0	1	1	0	0	0	4	0	6
\$ Chg Amt	Current	0	0	0	280	0	0	0	0	0	0	280
\$ Chg Amt	YTD	0	0	0	280	280	0	0	0	560	0	1,120
\$ Payments	Current	0	0	0	0	0	0	0	0	108	0	108
\$ Payments	YTD	0	0	0	0	0	0	0	0	108	0	108
3540F	IMMUNOCYTOCHEMISTRY STAINNTIFI											
# Proc	Current	0	13	0	2	10	6	5	1	21	0	58
# Proc	YTD	0	46	0	18	46	16	22	14	82	0	244
\$ Chg Amt	Current	0	2,655	0	585	1,045	765	855	225	3,060	0	9,990
\$ Chg Amt	YTD	0	8,235	0	3,330	8,235	2,970	3,870	4,140	17,100	0	47,880
\$ Payments	Current	0	417	0	621	1,778	77	695	0	1,259	0	4,848
\$ Payments	YTD	0	2,286	0	967	3,248	365	1,833	432	6,081	0	15,212
3577F	ADDITIONAL ISH PROBES BASIC RE											
# Proc	Current	0	0	0	0	0	0	0	0	1	0	1
# Proc	YTD	0	0	0	0	0	0	0	0	2	0	2
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	120	0	120

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 28 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 49
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	423	0	0	0	0	423
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	111	0	0	0	0	111
29351 BONE MARROW SMEAR EXAM/MORE MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	219	0	0	0	0	219
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	49	0	0	0	0	49
3126F EQRI - BARRETT'S ESOPHAGUS MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
3267F PQRI - PROSTATES ESOPHAGUS MAR												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
3540F IMMUNOCYTOCHEMISTRY STAINS MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	675	0	0	0	0	675
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	719	0	0	0	0	719
3691F MMRP IMMUNOCYTO STAIN INITIALR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	10	0	0	0	0	10
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	1,280	0	0	0	0	1,280

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 29 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 51
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	FER	PPO	OTH	(TOT)
06721 OLIGOCLONAL BANDSEMISTRY STAIN												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
\$ Chg Amt Current	0	0	0	0	0	0	81	0	0	0	0	81
\$ Chg Amt YTD	0	0	0	0	0	0	162	0	0	0	0	162
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	18	0	0	0	0	18
07451 ELECTROPHORESIS SERUM PROTEIN												
# Proc Current	0	0	0	0	0	0	8	0	0	0	0	8
# Proc YTD	0	0	0	0	1	0	83	0	0	0	0	84
\$ Chg Amt Current	0	0	0	0	0	0	552	0	0	0	0	552
\$ Chg Amt YTD	0	0	0	0	69	0	5,727	0	0	0	0	5,796
\$ Payments Current	0	0	0	0	0	0	148	0	0	0	0	148
\$ Payments YTD	0	0	0	0	19	0	1,498	0	0	0	0	1,517
07461 ELECTROPHORESIS, 24-H URINE												
# Proc Current	0	0	0	0	0	0	7	0	0	0	0	7
# Proc YTD	0	0	0	0	0	0	26	0	0	0	0	26
\$ Chg Amt Current	0	0	0	0	0	0	567	0	0	0	0	567
\$ Chg Amt YTD	0	0	0	0	0	0	2,106	0	0	0	0	2,106
\$ Payments Current	0	0	0	0	0	0	40	0	0	0	0	40
\$ Payments YTD	0	0	0	0	0	0	405	0	0	0	0	405
07481 ELECTROPHORESIS, RANDOM URINE												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	27	0	0	0	0	27
\$ Chg Amt Current	0	0	0	0	0	0	81	0	0	0	0	81
\$ Chg Amt YTD	0	0	0	0	0	0	2,187	0	0	0	0	2,187
\$ Payments Current	0	0	0	0	0	0	18	0	0	0	0	18
\$ Payments YTD	0	0	0	0	0	0	512	0	0	0	0	512
08951 BONE MARROW SMEAR EXAM URINE												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	6	0	0	0	0	6
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	1,314	0	0	0	0	1,314
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	345	0	0	0	0	345
11181 IMMUNOFIXATION ELECTROPHORESIS												
# Proc Current	0	0	0	0	0	0	5	0	0	0	0	5
# Proc YTD	0	0	0	0	1	0	54	0	0	0	0	55
\$ Chg Amt Current	0	0	0	0	0	0	350	0	0	0	0	350

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 29 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 53
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPD	OTH	(TOT)
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	8	0	0	0	0	8
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	312	0	0	0	0	312
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	115	0	0	0	0	115
16991	SPECIAL STAIN - GROUP 1RENNNNT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	75	0	0	0	0	75
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	27	0	0	0	0	27
17031	SPECIAL STAIN - GROUP 2RENNNNT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	8	0	0	0	0	8
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	1,125	0	0	0	0	1,125
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	207	0	0	0	0	207
17191	IMMUNOCYTOCHEMISTRY STAINNNNT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	768	0	0	0	0	768
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	295	0	0	0	0	295
17481	JOINT FLUID EXAM/CRYSTAL IDENT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	1	0	0	11	0	0	0	0	12
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	45	0	0	540	0	0	0	0	585
	\$ Payments Current	0	0	0	0	0	0	14	0	0	0	0	14
	\$ Payments YTD	0	0	0	23	0	0	288	0	0	0	0	311
17961	IMMUNOFIXATION ELECTROPHORESIS												
	# Proc Current	0	0	0	0	0	0	7	0	0	0	0	7
	# Proc YTD	0	0	0	0	0	0	14	0	0	0	0	14
	\$ Chg Amt Current	0	0	0	0	0	0	490	0	0	0	0	490
	\$ Chg Amt YTD	0	0	0	0	0	0	965	0	0	0	0	965

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 29 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 54
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PRO	OTH	(TOT)
\$ Payments Current	0	0	0	0	0	0	36	0	0	0	0	36
\$ Payments YTD	0	0	0	0	0	0	101	0	0	0	0	101
22441 PERIPHERAL BLOOD SMEAR EXAMIS												
# Proc Current	0	0	0	0	0	0	10	0	0	0	0	10
# Proc YTD	0	0	0	0	0	0	107	0	0	0	0	107
\$ Chg Amt Current	0	0	0	0	0	0	780	0	0	0	0	780
\$ Chg Amt YTD	0	0	0	0	0	0	8,346	0	0	0	0	8,346
\$ Payments Current	0	0	0	0	0	0	299	0	0	0	0	299
\$ Payments YTD	0	0	0	0	30	0	2,614	0	0	0	0	2,644
29261 MD REVIEW OF TRANSFUSION REACT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	9	0	0	0	0	9
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	810	0	0	0	0	810
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	450	0	0	0	0	450
29291 FLOW CYTOMETRY, 9 - 15 MARKERS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	90	0	0	0	0	90
29301 FLOW CYTOMETRY, 16 OR MORE MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	2,115	0	0	0	0	2,115
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	556	0	0	0	0	556
29351 BONE MARROW SMEAR EXAMMORE MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	219	0	0	0	0	219
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	49	0	0	0	0	49
30011 IMMUNOFIXATION ELECTROPHORESIS												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 29 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 55
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	70	0	0	0	0	70
\$ Chg Amt YTD	0	0	0	0	0	0	350	0	0	0	0	350
\$ Payments Current	0	0	0	0	0	0	18	0	0	0	0	18
\$ Payments YTD	0	0	0	0	0	0	54	0	0	0	0	54
35401 IMMUNOCYTOCHEMISTRY STAINRESIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	3	0	0	0	0	3
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	405	0	0	0	0	405
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	244	0	0	0	0	244

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 30 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 59
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	78	0	0	0	0	78
	\$ Payments Current	0	0	0	0	0	0	5	0	0	0	0	5
	\$ Payments YTD	0	0	0	0	0	0	24	0	0	0	0	24
27341	PATH EXAM FLUID CELL BLOCKAMNT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	175	0	0	0	0	175
	\$ Payments Current	0	0	0	0	0	0	39	0	0	0	0	39
	\$ Payments YTD	0	0	0	0	0	0	39	0	0	0	0	39
29301	FLOW CYTOMETRY, 16 OR MORE MAR												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	846	0	0	0	0	846
	\$ Payments Current	0	0	0	0	0	0	20	0	0	0	0	20
	\$ Payments YTD	0	0	0	0	0	0	109	0	0	0	0	109
29351	BONE MARROW SMEAR EXAMMORE MAR												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	219	0	0	0	0	219
	\$ Payments Current	0	0	0	0	0	0	9	0	0	0	0	9
	\$ Payments YTD	0	0	0	0	0	0	48	0	0	0	0	48
3126F	PQRI - BARRETT'S ESOPHAGUS MAR												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
3194F	ARCHIVE FOR MOLECULAR ANALYSIS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	100	0	0	0	0	100

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 31 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 63
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	HCD	MED	MEDR	PER	PPD	OTH	(TOT)
	# Proc Current	0	0	0	0	0	0	2	0	0	0	0	2
	# Proc YTD	0	0	0	0	0	0	21	0	0	0	0	21
	\$ Chg Amt Current	0	0	0	0	0	0	384	0	0	0	0	384
	\$ Chg Amt YTD	0	0	0	0	0	0	2,816	0	128	0	0	2,944
	\$ Payments Current	0	0	0	0	0	0	137	0	0	0	0	137
	\$ Payments YTD	0	0	0	0	0	0	657	0	0	0	0	657
22441	PERIPHERIAL BLOOD SMEAR EXAMAL												
	# Proc Current	0	0	0	0	0	0	10	0	0	0	0	10
	# Proc YTD	0	0	0	0	0	0	33	0	0	0	0	33
	\$ Chg Amt Current	0	0	0	0	0	0	780	0	0	0	0	780
	\$ Chg Amt YTD	0	0	0	0	0	0	2,574	0	0	0	0	2,574
	\$ Payments Current	0	0	0	0	0	0	212	0	0	0	0	212
	\$ Payments YTD	0	0	0	0	0	0	552	0	0	0	0	552
29301	FLOW CYIOMETRY, 16 OR MORE MAR												
	# Proc Current	0	0	0	0	0	0	2	0	0	0	0	2
	# Proc YTD	0	0	0	0	0	0	10	0	0	0	0	10
	\$ Chg Amt Current	0	0	0	0	0	0	846	0	0	0	0	846
	\$ Chg Amt YTD	0	0	0	0	0	0	4,230	0	0	0	0	4,230
	\$ Payments Current	0	0	0	0	0	0	134	0	0	0	0	134
	\$ Payments YTD	0	0	0	0	0	0	889	0	0	0	0	889
29351	BONE MARROW SMEAR EXAMMORE MAR												
	# Proc Current	0	0	0	0	0	0	2	0	0	0	0	2
	# Proc YTD	0	0	0	0	0	0	6	0	0	0	0	6
	\$ Chg Amt Current	0	0	0	0	0	0	438	0	0	0	0	438
	\$ Chg Amt YTD	0	0	0	0	0	0	1,314	0	0	0	0	1,314
	\$ Payments Current	0	0	0	0	0	0	10	0	0	0	0	10
	\$ Payments YTD	0	0	0	0	0	0	198	0	0	0	0	198
35401	IMMUNOCYTICHEMISTRY STAINED MAR												
	# Proc Current	0	0	0	0	0	0	2	0	0	0	0	2
	# Proc YTD	0	0	0	0	0	0	12	0	0	0	0	12
	\$ Chg Amt Current	0	0	0	0	0	0	810	0	0	0	0	810
	\$ Chg Amt YTD	0	0	0	0	0	0	3,150	0	0	0	0	3,150
	\$ Payments Current	0	0	0	0	0	0	434	0	0	0	0	434
	\$ Payments YTD	0	0	0	0	0	0	1,220	0	0	0	0	1,220
36871	ESTROGEN RECEPTOR (ER) EACH AN												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	360	0	0	0	0	360

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 32 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 65
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
07451	ELECTROPHORESIS SERUM PROTEINM												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	3	0	0	0	0	3
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	207	0	0	0	0	207
	\$ Payments Current	0	0	0	0	0	0	54	0	0	0	0	54
	\$ Payments YTD	0	0	0	0	0	0	54	0	0	0	0	54
07481	ELECTROPHORESIS, RANDOM URINEN												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	81	0	0	0	0	81
	\$ Payments Current	0	0	0	0	0	0	18	0	0	0	0	18
	\$ Payments YTD	0	0	0	0	0	0	18	0	0	0	0	18
11181	IMMUNOFIXATION ELECTROPHORESIS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	140	0	0	0	0	140
	\$ Payments Current	0	0	0	0	0	0	36	0	0	0	0	36
	\$ Payments YTD	0	0	0	0	0	0	36	0	0	0	0	36
16341	CYTOPATH EXAM-CELL ENHANCE INT												
	# Proc Current	0	0	0	0	0	0	7	0	0	0	0	7
	# Proc YTD	0	0	0	0	0	0	26	0	0	0	0	26
	\$ Chg Amt Current	0	0	0	0	0	0	1,632	0	0	0	0	1,632
	\$ Chg Amt YTD	0	0	0	0	0	0	5,712	0	0	0	0	5,712
	\$ Payments Current	0	0	0	0	0	0	191	0	0	0	0	191
	\$ Payments YTD	0	0	0	0	0	0	512	0	0	0	0	512
16461	FNA IMMEDIATE EVALUATIONCE INT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	800	0	0	0	0	800
	\$ Payments Current	0	0	0	0	0	0	147	0	0	0	0	147
	\$ Payments YTD	0	0	0	0	0	0	147	0	0	0	0	147
16471	CYTOPATH EXAM-FNA INTERPRETINI												
	# Proc Current	0	0	0	0	0	0	2	0	0	0	0	2
	# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
	\$ Chg Amt Current	0	0	0	0	0	0	422	0	0	0	0	422

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 32 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 67
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc Current	0	0	0	0	0	0	2	0	0	0	0	2
# Proc YTD	0	0	0	0	0	0	12	0	0	0	0	12
\$ Chg Amt Current	0	0	0	0	0	0	117	0	0	0	0	117
\$ Chg Amt YTD	0	0	0	0	0	0	507	0	0	0	0	507
\$ Payments Current	0	0	0	0	0	0	3	0	0	0	0	3
\$ Payments YTD	0	0	0	0	0	0	116	0	0	0	0	116
16991 SPECIAL STAIN - GROUP 1REENNNT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	1,050	0	0	0	0	1,050
\$ Payments Current	0	0	0	0	0	0	55	0	0	0	0	55
\$ Payments YTD	0	0	0	0	0	0	384	0	0	0	0	384
17031 SPECIAL STAIN - GROUP 2REENNNT												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
\$ Chg Amt Current	0	0	0	0	0	0	225	0	0	0	0	225
\$ Chg Amt YTD	0	0	0	0	0	0	600	0	0	0	0	600
\$ Payments Current	0	0	0	0	0	0	15	0	0	0	0	15
\$ Payments YTD	0	0	0	0	0	0	56	0	0	0	0	56
17151 FROZEN SECTION EXAMUP 2REENNNT												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
\$ Chg Amt Current	0	0	0	0	0	0	800	0	0	0	0	800
\$ Chg Amt YTD	0	0	0	0	0	0	1,600	0	0	0	0	1,600
\$ Payments Current	0	0	0	0	0	0	64	0	0	0	0	64
\$ Payments YTD	0	0	0	0	0	0	254	0	0	0	0	254
17191 IMMUNOCYTOCHEMISTRY STAINENNNT												
# Proc Current	0	0	0	0	0	0	3	0	0	0	0	3
# Proc YTD	0	0	0	0	0	0	21	0	0	0	0	21
\$ Chg Amt Current	0	0	0	0	0	0	384	0	0	0	0	384
\$ Chg Amt YTD	0	0	0	0	0	0	2,944	0	0	0	0	2,944
\$ Payments Current	0	0	0	0	0	0	280	0	0	0	0	280
\$ Payments YTD	0	0	0	0	0	0	627	0	0	0	0	627
27341 PATH EXAM FLUID CELL BLOCKNNNT												
# Proc Current	0	0	0	0	0	0	7	0	0	0	0	7
# Proc YTD	0	0	0	0	0	0	22	0	0	0	0	22
\$ Chg Amt Current	0	0	0	0	0	0	1,225	0	0	0	0	1,225
\$ Chg Amt YTD	0	0	0	0	0	0	3,850	0	0	0	0	3,850

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 33 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 71
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	6	0	0	0	0	6
\$ Chg Amt Current	0	0	0	0	0	0	78	0	0	0	0	78
\$ Chg Amt YTD	0	0	0	0	0	0	468	0	0	0	0	468
\$ Payments Current	0	0	0	0	0	0	20	0	0	0	0	20
\$ Payments YTD	0	0	0	0	0	0	118	0	0	0	0	118
29302 FLOW CYTOMETRY, 16 OR MORE MAR												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	8	0	0	0	0	8
\$ Chg Amt Current	0	0	0	0	0	0	423	0	0	0	0	423
\$ Chg Amt YTD	0	0	0	0	0	0	3,384	0	0	0	0	3,384
\$ Payments Current	0	0	0	0	0	0	89	0	0	0	0	89
\$ Payments YTD	0	0	0	0	0	0	644	0	0	0	0	644
29352 BONE MARROW SMEAR EXAMMORE MAR												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	4	0	0	0	0	4
\$ Chg Amt Current	0	0	0	0	0	0	219	0	0	0	0	219
\$ Chg Amt YTD	0	0	0	0	0	0	876	0	0	0	0	876
\$ Payments Current	0	0	0	0	0	0	39	0	0	0	0	39
\$ Payments YTD	0	0	0	0	0	0	138	0	0	0	0	138
30012 IMMUNOFIXATION ELECTROPHORESIS												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	70	0	0	0	0	70
\$ Chg Amt YTD	0	0	0	0	0	0	70	0	0	0	0	70
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
35402 IMMUNOCYTOCHEMISTRY STAINRESIS												
# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
# Proc YTD	0	0	0	0	0	0	7	0	0	0	0	7
\$ Chg Amt Current	0	0	0	0	0	0	1,170	0	0	0	0	1,170
\$ Chg Amt YTD	0	0	0	0	0	0	2,655	0	0	0	0	2,655
\$ Payments Current	0	0	0	0	0	0	86	0	0	0	0	86
\$ Payments YTD	0	0	0	0	0	0	873	0	0	0	0	873
35832 IMMUNOCYTOCHEMISTRY STAINRESIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	0	140	0	0	0	0	140

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 Q1 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 33 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 72
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	0	0	40	0	0	0	0	40

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 34 ██████████

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 73
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
07452	ELECTROPHORESIS SERUM PROTEINS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	69	0	0	0	0	69
	\$ Payments Current	0	0	0	0	0	0	14	0	0	0	0	14
	\$ Payments YTD	0	0	0	0	0	0	14	0	0	0	0	14
07482	ELECTROPHORESIS, RANDOM URINES												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	81	0	0	0	0	81
	\$ Payments Current	0	0	0	0	0	0	14	0	0	0	0	14
	\$ Payments YTD	0	0	0	0	0	0	14	0	0	0	0	14
11182	IMMUNOFIXATION ELECTROPHORESIS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	70	0	0	0	0	70
	\$ Payments Current	0	0	0	0	0	0	14	0	0	0	0	14
	\$ Payments YTD	0	0	0	0	0	0	14	0	0	0	0	14
16342	CYTOPATH EXAM-CELL ENHANCE INT												
	# Proc Current	0	0	0	0	0	0	3	0	0	0	0	3
	# Proc YTD	0	0	0	0	0	0	19	0	0	0	0	19
	\$ Chg Amt Current	0	0	0	0	0	0	612	0	0	0	0	612
	\$ Chg Amt YTD	0	0	0	0	0	0	4,692	0	0	0	0	4,692
	\$ Payments Current	0	0	0	0	0	0	191	0	0	0	0	191
	\$ Payments YTD	0	0	0	0	0	0	500	0	0	0	0	500
16882	PATH EXAM LEVEL II SPECIMENINT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	77	0	0	0	0	77
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	6	0	0	0	0	6
16892	PATH EXAM LEVEL III SPECIMENNT												
	# Proc Current	0	0	0	0	0	0	3	0	0	0	0	3
	# Proc YTD	0	0	0	0	0	0	12	0	0	0	0	12
	\$ Chg Amt Current	0	0	0	0	0	0	330	0	0	0	0	330

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 34 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 75
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPQ	OTH	(TOT)
	# Proc Current	0	0	0	0	0	0	3	0	0	0	0	3
	# Proc YTD	0	0	0	0	0	0	3	0	0	0	0	3
	\$ Chg Amt Current	0	0	0	0	0	0	225	0	0	0	0	225
	\$ Chg Amt YTD	0	0	0	0	0	0	225	0	0	0	0	225
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
17152	FROZEN SECTION EXAMUP 2REENNMT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	2	0	0	0	0	2
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	1,000	0	0	0	0	1,000
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	305	0	0	0	0	305
17162	FROZEN SECTION EXAM-ADDITIONAL												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	99	0	0	0	0	99
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	31	0	0	0	0	31
17192	IMMUNOCYTOCHEMISTRY STAINIONAL												
	# Proc Current	0	0	0	0	0	0	5	0	0	0	0	5
	# Proc YTD	0	0	0	0	0	0	19	0	0	0	0	19
	\$ Chg Amt Current	0	0	0	0	0	0	640	0	0	0	0	640
	\$ Chg Amt YTD	0	0	0	0	0	0	2,816	0	0	0	0	2,816
	\$ Payments Current	0	0	0	0	0	0	129	0	0	0	0	129
	\$ Payments YTD	0	0	0	0	0	0	556	0	0	0	0	556
27342	PATH EXAM FLUID CELL BLOCKONAL												
	# Proc Current	0	0	0	0	0	0	3	0	0	0	0	3
	# Proc YTD	0	0	0	0	0	0	12	0	0	0	0	12
	\$ Chg Amt Current	0	0	0	0	0	0	525	0	0	0	0	525
	\$ Chg Amt YTD	0	0	0	0	0	0	2,275	0	0	0	0	2,275
	\$ Payments Current	0	0	0	0	0	0	131	0	0	0	0	131
	\$ Payments YTD	0	0	0	0	0	0	324	0	0	0	0	324
30012	IMMUNOFIXATION ELECTROPHORESIS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	70	0	0	0	0	70

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 4 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 77
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
07462	ELECTROPHORESIS, 24-H URINE AN												
	# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	81	0	0	0	0	81
	\$ Chg Amt YTD	0	0	0	0	0	0	81	0	0	0	0	81
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
16342	CYTOPATH EXAM-CELL ENHANCE INT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	47	0	0	1	0	48
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	11,220	0	0	408	0	11,628
	\$ Payments Current	0	0	0	0	0	0	95	0	0	0	0	95
	\$ Payments YTD	0	0	0	0	0	0	1,634	0	0	196	0	1,830
16472	CYTOPATH EXAM-FNA INTERPRETINT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	12	0	0	1	0	13
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	4,009	0	0	422	0	4,431
	\$ Payments Current	0	0	0	0	0	0	115	0	0	0	0	115
	\$ Payments YTD	0	0	0	0	0	0	1,390	0	0	154	0	1,544
16872	PATH EXAM LEVEL I SPECIMENINT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	43	0	0	0	0	43
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	5	0	0	0	0	5
16882	PATH EXAM LEVEL II SPECIMENINT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	5	0	0	0	0	5
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	385	0	0	0	0	385
	\$ Payments Current	0	0	0	0	0	0	13	0	0	0	0	13
	\$ Payments YTD	0	0	0	0	0	0	35	0	0	0	0	35
16892	PATH EXAM LEVEL III SPECIMENINT												
	# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
	# Proc YTD	0	0	0	0	0	0	29	0	0	0	0	29
	\$ Chg Amt Current	0	0	0	0	0	0	110	0	0	0	0	110

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2015 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 4 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 79
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	8	0	0	0	0	8
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	675	0	0	0	0	675
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	110	0	0	0	0	110
17152	FROZEN SECTION EXAMUP 2RENNNT												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	3	0	0	0	0	3
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	600	0	0	0	0	600
	\$ Payments Current	0	0	0	0	0	0	64	0	0	0	0	64
	\$ Payments YTD	0	0	0	0	0	0	191	0	0	0	0	191
17192	IMMUNOCYTOCHEMISTRY STAINENNNT												
	# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
	# Proc YTD	0	0	0	0	0	0	37	0	0	0	0	37
	\$ Chg Amt Current	0	0	0	0	0	0	128	0	0	0	0	128
	\$ Chg Amt YTD	0	0	0	0	0	0	4,992	0	0	0	0	4,992
	\$ Payments Current	0	0	0	0	0	0	151	0	0	0	0	151
	\$ Payments YTD	0	0	0	0	0	0	1,447	0	0	0	0	1,447
17962	IMMUNOFIXATION ELECTROPHORESIS												
	# Proc Current	0	0	0	0	0	0	1	0	0	0	0	1
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	70	0	0	0	0	70
	\$ Chg Amt YTD	0	0	0	0	0	0	70	0	0	0	0	70
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	0	0	0	0	0	0
22442	PERIPHERIAL BLOOD SMEAR EXAMIS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	1	0	0	0	0	1
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	78	0	0	0	0	78
	\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Payments YTD	0	0	0	0	0	0	25	0	0	0	0	25
27342	PATH EXAM FLUID CELL BLOCCKAMIS												
	# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
	# Proc YTD	0	0	0	0	0	0	29	0	0	0	0	29
	\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
	\$ Chg Amt YTD	0	0	0	0	0	0	5,425	0	0	350	0	5,775

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 6 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 83
 Date: 10/09/18

		COL	BLU	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	4	0	1	0	3	3	0	0	2	0	13
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	172	0	86	0	129	129	0	43	86	0	645
\$ Payments	Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	YTD	0	111	0	5	5	12	14	0	0	20	0	165
16888	PATH EXAM LEVEL II SPECIMENINT												
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	34	0	7	33	15	10	0	2	41	0	142
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	3,157	0	539	2,772	1,232	924	0	154	3,542	0	12,320
\$ Payments	Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments	YTD	0	1,753	0	67	299	107	97	0	0	1,869	0	4,212
16898	PATH EXAM LEVEL III SPECIMENNT												
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	124	0	34	106	63	26	0	39	190	0	582
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	15,070	0	3,960	12,760	7,260	2,860	0	4,520	22,550	0	69,080
\$ Payments	Current	0	0	0	0	11	0	0	0	0	0	0	11
\$ Payments	YTD	0	9,457	0	768	1,713	992	319	0	1,205	13,022	0	27,475
16928	PATH EXAM LEVEL IV SPECIMENNT												
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	205	0	57	212	122	77	0	54	363	0	1,096
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	59,500	0	16,450	64,575	35,175	25,025	0	16,625	110,775	0	328,125
\$ Payments	Current	0	-70	0	0	0	0	0	0	116	95	10	151
\$ Payments	YTD	0	39,736	0	6,038	18,730	7,673	6,236	0	1,597	71,699	22	151,732
16968	PATH EXAM LEVEL V SPECIMENNT												
# Proc	Current	0	1	0	0	0	0	0	0	0	0	0	1
# Proc	YTD	0	506	0	58	309	377	50	0	45	752	1	2,098
\$ Chg Amt	Current	0	269	0	0	0	0	0	0	0	0	0	269
\$ Chg Amt	YTD	0	172,429	0	20,982	101,682	112,173	20,444	0	14,526	245,059	538	687,833
\$ Payments	Current	0	187	0	116	242	0	0	0	0	562	0	1,107
\$ Payments	YTD	0	126,259	0	9,220	47,106	28,732	6,903	0	1,933	125,721	47	345,921
16978	PATH EXAM LEVEL VI SPECIMENNT												
# Proc	Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc	YTD	0	82	0	9	43	10	23	0	5	96	0	268
\$ Chg Amt	Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt	YTD	0	37,149	0	4,697	18,788	4,270	10,675	0	2,135	43,554	0	121,268

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 6 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 86
 Date: 10/09/18

	COL	BLD	CHA	COM	HMO	MCD	MED	MEDR	PER	PPO	OTH	(TOT)
\$ Payments YTD	0	87	0	18	184	57	40	0	0	148	0	534
17968 IMMUNOFIXATION ELECTROPHORESIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	0	1	0	0	0	0	0	1
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	0	55	0	0	0	0	0	55
\$ Payments Current	0	0	0	0	0	16	0	0	0	0	0	16
\$ Payments YTD	0	0	0	0	0	16	0	0	0	0	0	16
22448 PERIPHERIAL BLOOD SMEAR EXAMIS												
# Proc Current	0	0	0	0	0	0	0	0	1	0	0	1
# Proc YTD	0	58	0	15	86	37	23	0	25	95	0	339
\$ Chg Amt Current	0	0	0	0	0	0	0	0	78	0	0	78
\$ Chg Amt YTD	0	4,524	0	1,170	6,786	2,886	1,794	0	1,950	7,488	0	26,598
\$ Payments Current	0	0	0	0	0	0	0	0	8	0	0	8
\$ Payments YTD	0	2,112	0	353	2,626	704	610	0	219	2,923	13	9,560
27348 PATH EXAM FLUID CELL BLOCKAMIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	35	0	14	43	25	21	0	7	79	1	225
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	8,400	0	2,800	9,100	4,550	4,025	0	2,100	16,625	175	47,775
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	5,372	0	704	2,578	1,103	1,095	0	101	8,801	0	19,754
27358 SPECIAL STAIN - GROUP 10CKAMIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	2	2	0	0	0	2	0	6
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	150	300	0	0	0	225	0	675
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	0	0	0	55	64	0	0	0	86	0	206
29268 MD REVIEW OF TRANSFUSION REACT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	4	0	0	2	2	0	0	0	1	0	9
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	360	0	0	180	180	0	0	0	90	0	810
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	246	0	0	114	66	0	0	0	26	0	452
29278 OPERATING ROOM CONSULTATIONACT												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	2	0	1	3	0	1	0	0	1	0	8

ST. LOUIS PATHOLOGY ASSOC., INC SLP
 01 2016 TO 12 2016
 LOCATION 1 MERCY HOSPITAL ST LOUIS
 PROVIDER 6 [REDACTED]

LOCATION/PROVIDER REIMBURSEMENT REPORT

Page: 87
 Date: 10/09/18

	COL	BLU	CHA	COM	HMO	HCD	MSD	MEDR	PER	PPO	OTH	(TOT)
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	244	0	122	366	0	122	0	0	122	0	976
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	152	0	0	117	0	29	0	0	252	0	550
29288 FLOW CYTOMETRY, 2 - 8 MARKERST												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	1	0	0	0	0	0	0	0	1	0	2
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	190	0	0	0	0	0	0	0	190	0	380
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	68	0	0	0	0	0	0	0	70	0	138
29298 FLOW CYTOMETRY, 9 - 15 MARKERS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	2	0	0	0	0	0	0	0	1	0	3
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	462	0	0	0	0	0	0	0	231	0	693
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	170	0	0	0	0	0	0	0	78	0	248
29308 FLOW CYTOMETRY, 16 OR MORE MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	11	0	4	11	3	2	0	6	23	0	60
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	4,653	0	1,692	4,653	1,269	845	0	3,384	9,729	0	26,226
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	1,286	0	642	1,236	359	222	0	0	3,668	0	7,413
29358 BONE MARROW SMEAR EXAMMORE MAR												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	6	0	2	4	1	1	0	2	10	0	26
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	1,314	0	438	876	219	219	0	438	2,190	0	5,694
\$ Payments Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Payments YTD	0	621	0	87	196	57	49	0	0	980	0	1,990
30018 IMMUNOFIXATION ELECTROPHORESIS												
# Proc Current	0	0	0	0	0	0	0	0	0	0	0	0
# Proc YTD	0	0	0	0	1	1	0	0	0	0	0	2
\$ Chg Amt Current	0	0	0	0	0	0	0	0	0	0	0	0
\$ Chg Amt YTD	0	0	0	0	55	55	0	0	0	0	0	110
\$ Payments Current	0	0	0	0	0	16	0	0	0	0	0	16
\$ Payments YTD	0	0	0	0	18	16	0	0	0	0	0	34

EXHIBIT B

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 1
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
HMO (HMO)	1	1	1	204.00	28.14	0.00	175.86	0.00	0.00
MEDICARE (MED)	49	41	39	10,156.00	1,428.93	0.00	9,508.18	6.19	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	50	42	40	10,360.00	1,457.07	0.00	9,684.04	6.19	0.00
MEDICARE (MED)	2	2	2	400.00	65.02	0.00	327.62	0.00	0.00
FNA IMMEDIATE EVALUATION(1646)	2	2	2	400.00	65.02	0.00	327.62	0.00	0.00
MEDICARE (MED)	17	10	9	3,715.00	1,229.44	0.00	2,652.01	1.44	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	17	10	9	3,715.00	1,229.44	0.00	2,652.01	1.44	0.00
MEDICARE (MED)	4	3	3	308.00	28.69	0.00	279.31	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	4	3	3	308.00	28.69	0.00	279.31	0.00	0.00
MEDICARE (MED)	27	26	26	2,970.00	333.43	0.00	2,851.69	12.39	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	27	26	26	2,970.00	333.43	0.00	2,851.69	12.39	0.00
MEDICARE (MED)	91	53	53	15,925.00	3,561.27	0.00	12,881.74	7.64	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	175.00	72.78	0.00	102.00	0.22	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	92	54	54	16,100.00	3,634.05	0.00	12,983.74	7.86	0.00
MEDICARE (MED)	38	23	23	10,397.00	3,481.56	0.00	7,836.78	10.28	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	38	23	23	10,397.00	3,481.56	0.00	7,836.78	10.28	0.00
MEDICARE (MED)	11	9	9	4,721.00	1,775.52	0.00	3,316.54	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	11	9	9	4,721.00	1,775.52	0.00	3,316.54	0.00	0.00
MEDICARE (MED)	26	24	24	1,209.00	344.37	0.00	872.28	5.18	0.00
DECALCIFICATION PROCEDURE(1698)	26	24	24	1,209.00	344.37	0.00	872.28	5.18	0.00
HMO (HMO)	1	1	1	75.00	27.44	0.00	47.56	0.00	0.00
MEDICARE (MED)	25	11	10	1,929.00	729.93	0.00	1,349.07	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	26	12	11	2,004.00	757.37	0.00	1,396.63	0.00	0.00
MEDICARE (MED)	4	4	4	300.00	47.92	0.00	252.08	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	4	4	4	300.00	47.92	0.00	252.08	0.00	0.00
MEDICARE (MED)	5	3	3	1,092.00	75.71	0.00	137.20	0.00	0.00
FROZEN SECTION EXAM(1715)	5	3	3	1,092.00	75.71	0.00	137.20	0.00	0.00
MEDICARE (MED)	21	18	17	3,028.00	761.09	0.00	2,373.50	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	21	18	17	3,028.00	761.09	0.00	2,373.50	0.00	0.00
MEDICARE (MED)	8	4	2	360.00	53.40	0.00	81.60	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	8	4	2	360.00	53.40	0.00	81.60	0.00	0.00
MEDICARE (MED)	0	1	1	295.00	0.00	295.00	0.00	0.00	0.00
THERAPEUTIC APHERESIS PLASMA(1880)	0	1	1	295.00	0.00	295.00	0.00	0.00	0.00
HMO (HMO)	1	1	1	175.00	38.55	0.00	136.45	0.00	0.00
MEDICARE (MED)	43	35	35	7,525.00	1,630.19	0.00	6,174.52	8.48	0.00
PATH EXAM FLUID CELL BLOCK(2734)	44	36	36	7,700.00	1,668.74	0.00	6,310.97	8.48	0.00
MEDICARE (MED)	0	0	0	0.00	90.38	0.00	140.62	0.00	0.00
FLOW CYTOMETRY, 9 - 15 MARKERS(2929)	0	0	0	0.00	90.38	0.00	140.62	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 2
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	423.00	0.00	0.00	423.00	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29)	1	1	1	423.00	0.00	0.00	423.00	0.00	0.00
MEDICARE (MED)	1	1	1	99.00	22.18	0.00	76.82	0.00	0.00
FNA IMMEDIATE/ADDITIONAL EVALUATION(3)	1	1	1	99.00	22.18	0.00	76.82	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PQRI - PROSTATE (3267F)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	89	16	15	4,005.00	2,675.56	0.00	1,625.04	0.01	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	89	16	15	4,005.00	2,675.56	0.00	1,625.04	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.04	0.00
PQRI - LUNG RESECTION (G9422)	3	3	3	0.03	0.00	0.00	0.00	0.04	0.00
MERCY HOSPITAL ST LOUIS IP(1)	473	296	288	69,486.07	18,501.50	295.00	53,621.47	51.91	0.00
MEDICARE (MED)	1	1	1	69.00	39.00	0.00	76.84	4.36	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	1	1	1	69.00	39.00	0.00	76.84	4.36	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	5.70-	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	0	0	0	0.00	0.00	0.00	5.70-	0.00	0.00
MEDICARE (MED)	1	1	1	70.00	35.91	0.00	104.09	3.68	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	1	1	1	70.00	35.91	0.00	104.09	3.68	0.00
MEDICARE (MED)	71	56	56	14,740.00	2,334.71	0.00	15,417.32	4.26	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	204.00	98.18	0.00	105.82	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	72	57	57	14,944.00	2,432.89	0.00	15,523.14	4.26	0.00
MEDICARE (MED)	2	1	1	400.00	57.67	0.00	327.62	0.00	0.00
FNA IMMEDIATE EVALUATION(1646)	2	1	1	400.00	57.67	0.00	327.62	0.00	0.00
MEDICARE (MED)	61	42	42	13,303.00	4,427.51	0.00	9,421.18	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	61	42	42	13,303.00	4,427.51	0.00	9,421.18	0.00	0.00
MEDICARE (MED)	1	1	1	43.00	4.46	0.00	38.54	0.00	0.00
PATH EXAM LEVEL I SPECIMEN(1687)	1	1	1	43.00	4.46	0.00	38.54	0.00	0.00
BLUE (BLU)	0	0	0	0.00	7.31	0.00	69.69	0.00	0.00
MEDICARE (MED)	13	12	12	1,001.00	91.89	0.00	907.65	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	13	12	12	1,001.00	99.20	0.00	977.34	0.00	0.00
MEDICARE (MED)	26	24	24	2,860.00	294.07	0.00	2,557.88	9.85	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	110.00	49.60	0.00	48.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	27	25	25	2,970.00	343.67	0.00	2,605.88	9.85	0.00
BLUE (BLU)	2	2	2	350.00	105.00	0.00	70.00	0.00	0.00
MEDICARE (MED)	316	198	198	55,300.00	11,895.12	0.00	43,205.40	10.57	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	0.00	0.00	0.00	0.26	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 3

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
PATH EXAM LEVEL IV SPECIMEN(1692)	318	200	200	55,650.00	12,000.12	0.00	43,275.40	10.83	0.00
MEDICARE (MED)	32	21	21	8,833.00	2,660.69	0.00	6,130.76	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	32	21	21	8,833.00	2,660.69	0.00	6,130.76	0.00	0.00
MEDICARE (MED)	2	2	2	870.00	265.52	0.00	574.44	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	2	2	2	870.00	265.52	0.00	574.44	0.00	0.00
MEDICARE (MED)	10	8	8	492.00	113.27	0.00	305.22	0.51	0.00
DECALCIFICATION PROCEDURE(1698)	10	8	8	492.00	113.27	0.00	305.22	0.51	0.00
MEDICARE (MED)	17	8	8	1,356.00	449.14	0.00	897.00	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	17	8	8	1,356.00	449.14	0.00	897.00	0.00	0.00
BLUE (BLU)	1	1	1	75.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	3	3	3	225.00	28.65	0.00	191.49	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	4	4	4	300.00	28.65	0.00	191.49	0.00	0.00
MEDICARE (MED)	9	7	7	1,915.00	502.40	0.00	1,189.60	0.00	0.00
FROZEN SECTION EXAM(1715)	9	7	7	1,915.00	502.40	0.00	1,189.60	0.00	0.00
MEDICARE (MED)	1	1	1	172.00	31.05	0.00	140.95	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	172.00	31.05	0.00	140.95	0.00	0.00
MEDICARE (MED)	34	33	33	4,888.00	1,315.66	0.00	3,899.57	1.31	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	34	33	33	4,888.00	1,315.66	0.00	3,899.57	1.31	0.00
BLUE (BLU)	1	1	1	78.00	0.00	0.00	43.00	0.00	0.00
PERIPHERAL BLOOD SMEAR EXAM(2244)	1	1	1	78.00	0.00	0.00	43.00	0.00	0.00
MEDICARE (MED)	46	38	38	8,050.00	2,031.27	0.00	7,404.37	2.73	0.00
PATH EXAM FLUID CELL BLOCK(2734)	46	38	38	8,050.00	2,031.27	0.00	7,404.37	2.73	0.00
MEDICARE (MED)	1	1	1	122.00	0.00	0.00	0.00	0.00	0.00
OPERATING ROOM CONSULTATION(2927)	1	1	1	122.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	2	2	2	846.00	176.42	0.00	669.58	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29)	2	2	2	846.00	176.42	0.00	669.58	0.00	0.00
MEDICARE (MED)	2	1	1	688.00	67.03	0.00	603.87	0.00	0.00
OUTSIDE CASE CONSULTATION(2931)	2	1	1	688.00	67.03	0.00	603.87	0.00	0.00
MEDICARE (MED)	9	9	9	0.09	0.00	0.00	0.00	0.09	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	9	9	9	0.09	0.00	0.00	0.00	0.09	0.00
MEDICARE (MED)	2	2	2	172.00	58.45	0.00	163.55	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	2	2	2	172.00	58.45	0.00	163.55	0.00	0.00
MEDICARE (MED)	7	7	7	0.07	0.00	0.00	0.00	0.08	0.00
PHYS QUALITY RPTING INITIAIIVE(3260F)	7	7	7	0.07	0.00	0.00	0.00	0.08	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC(3394F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	103	21	21	4,635.00	3,554.60	0.00	2,164.01	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	103	21	21	4,635.00	3,554.60	0.00	2,164.01	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 4
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	2	1	1	280.00	77.92	0.00	202.08	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	2	1	1	280.00	77.92	0.00	202.08	0.00	0.00
MEDICARE (MED)	10	3	3	1,800.00	713.18	0.00	1,499.73	1.78	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	10	3	3	1,800.00	713.18	0.00	1,499.73	1.78	0.00
MEDICARE (MED)	3	3	3	384.00	63.86	0.00	184.92	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL(3691)	3	3	3	384.00	63.86	0.00	184.92	0.00	0.00
MEDICARE (MED)	9	3	3	405.00	152.81	0.00	99.90	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL(3	9	3	3	405.00	152.81	0.00	99.90	0.00	0.00
MEDICARE (MED)	1	1	1	180.00	0.00	0.00	0.00	0.00	0.00
HER2 IHC PER SPECIMEN EA AB(3756)	1	1	1	180.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	4	4	4	625.00	584.44	0.00	10.00	0.56	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS(GO	4	4	4	625.00	584.44	0.00	10.00	0.56	0.00
MEDICARE (MED)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
PQRS - LUNG BX/CYTOLOGY(G9418)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS OP(2)	817	531	531	125,541.26	32,286.79	0.00	98,718.37	40.14	0.00
MEDICARE (MED)	29	19	19	5,075.00	839.93	0.00	3,051.29	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	29	19	19	5,075.00	839.93	0.00	3,051.29	0.00	0.00
MEDICARE (MED)	7	4	4	2,033.00	619.85	0.00	1,447.59	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	7	4	4	2,033.00	619.85	0.00	1,447.59	0.00	0.00
MEDICARE (MED)	1	1	1	427.00	147.78	0.00	279.22	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	1	1	1	427.00	147.78	0.00	279.22	0.00	0.00
MEDICARE (MED)	3	2	2	600.00	162.87	0.00	411.60	0.00	0.00
FROZEN SECTION EXAM(1715)	3	2	2	600.00	162.87	0.00	411.60	0.00	0.00
MEDICARE (MED)	1	2	2	495.00	31.05	396.00	67.95	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	2	2	495.00	31.05	396.00	67.95	0.00	0.00
MEDICARE (MED)	4	3	3	572.00	142.16	0.00	429.84	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	4	3	3	572.00	142.16	0.00	429.84	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	50.00	0.00	0.00	50.00	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	50.00	0.00	0.00	50.00	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS HER 2 IHC(3394F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 5

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

██████ ██████████ ██████████

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	5	2	2	225.00	141.75	0.00	83.25	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	5	2	2	225.00	141.75	0.00	83.25	0.00	0.00
MEDICARE (MED)	2	1	1	360.00	109.38	0.00	250.62	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	2	1	1	360.00	109.38	0.00	250.62	0.00	0.00
MEDICARE (MED)	1	1	1	180.00	54.69	0.00	125.31	0.00	0.00
PROGESTERONE RECEPTOR (PR) EACH ANTIB	1	1	1	180.00	54.69	0.00	125.31	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	59	41	41	10,017.05	2,249.46	396.00	6,196.67	0.04	0.00
TOTAL	1,349	868	860	205,044.38	53,037.75	691.00	158,536.51	92.09	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 6

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

████ ██████████ ██████████ ██████████ ██████████ ██████████

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	0	0	0	0.00	7.84	0.00	228.93-	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	0	0	0	0.00	7.84	0.00	228.93-	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	0	0	0	0.00	7.84	0.00	228.93-	0.00	0.00
TOTAL	0	0	0	0.00	7.84	0.00	228.93-	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 7

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	350.00-	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	0	0	0	0.00	0.00	0.00	350.00-	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	0	0	0	0.00	0.00	0.00	350.00-	0.00	0.00
TOTAL	0	0	0	0.00	0.00	0.00	350.00-	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 8

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	0	0	0	0.00	143.84	0.00	278.16	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET (1647)	0	0	0	0.00	143.84	0.00	278.16	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	99.00	0.00	11.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	0	0	0	0.00	99.00	0.00	11.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	38.58	0.00	136.42	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	0	0	0	0.00	38.58	0.00	136.42	0.00	0.00
MERCY HOSPITAL ST LOUIS OP (2)	0	0	0	0.00	281.42	0.00	425.58	0.00	0.00
TOTAL	0	0	0	0.00	281.42	0.00	425.58	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017
 [REDACTED] [REDACTED]

Page: 9
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVO
MEDICARE (MED)	1	1	1	204.00	27.69	0.00	176.31	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	1	1	1	204.00	27.69	0.00	176.31	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	7.15	0.00	69.85	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	0	0	0	0.00	7.15	0.00	69.85	0.00	0.00
MEDICARE (MED)	8	9	9	990.00	99.86	110.00	984.17	4.65	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	8	9	9	990.00	99.86	110.00	984.17	4.65	0.00
MEDICARE (MED)	54	30	29	9,450.00	2,134.91	0.00	7,680.26	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	54	30	29	9,450.00	2,134.91	0.00	7,680.26	0.00	0.00
MEDICARE (MED)	10	9	8	2,765.00	1,166.08	0.00	2,648.23	1.69	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	10	9	8	2,765.00	1,166.08	0.00	2,648.23	1.69	0.00
MEDICARE (MED)	0	0	0	0.00	146.96	0.00	280.04	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	0	0	0	0.00	146.96	0.00	280.04	0.00	0.00
MEDICARE (MED)	14	14	14	682.00	226.03	0.00	576.69	2.57	0.00
DECALCIFICATION PROCEDURE(1698)	14	14	14	682.00	226.03	0.00	576.69	2.57	0.00
MEDICARE (MED)	1	1	1	102.00	27.00	0.00	75.00	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	1	1	1	102.00	27.00	0.00	75.00	0.00	0.00
MEDICARE (MED)	3	2	2	646.00	237.91	0.00	595.33	0.00	0.00
FROZEN SECTION EXAM(1715)	3	2	2	646.00	237.91	0.00	595.33	0.00	0.00
MEDICARE (MED)	10	9	9	1,416.00	390.67	0.00	1,118.55	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	10	9	9	1,416.00	390.67	0.00	1,118.55	0.00	0.00
MEDICARE (MED)	1	1	1	175.00	37.93	0.00	137.07	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	1	1	1	175.00	37.93	0.00	137.07	0.00	0.00
MEDICARE (MED)	2	1	1	150.00	0.00	0.00	0.00	0.00	0.00
SPECIAL STAIN - GROUP 1(2735)	2	1	1	150.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	50.00	19.49	0.00	30.51	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	50.00	19.49	0.00	30.51	0.00	0.00
MEDICARE (MED)	12	4	4	540.00	639.94	0.00	422.77	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	12	4	4	540.00	639.94	0.00	422.77	0.00	0.00
MERCY HOSPITAL ST LOUIS IP(1)	118	83	81	17,170.01	5,161.62	110.00	14,794.78	8.91	0.00
MEDICARE (MED)	1	1	1	69.00	17.80	0.00	51.20	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	1	1	1	69.00	17.80	0.00	51.20	0.00	0.00
MEDICARE (MED)	1	1	1	81.00	17.80	0.00	63.20	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	1	1	1	81.00	17.80	0.00	63.20	0.00	0.00
MEDICARE (MED)	1	1	1	70.00	17.80	0.00	52.20	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	1	1	1	70.00	17.80	0.00	52.20	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 10

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT	# NEW	CHARGES		CHARGE	OTHER		WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	7	6	6	539.00	57.20	0.00	558.65	0.15	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	7	6	6	539.00	57.20	0.00	558.65	0.15	0.00
COMMERCIAL (COM)	0	1	1	110.00	0.00	110.00	0.00	0.00	0.00
MEDICARE (MED)	65	58	58	7,150.00	765.51	0.00	6,692.20	39.47	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	110.00	9.71	0.00	100.29	0.00	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	66	60	60	7,370.00	775.22	110.00	6,792.49	39.47	0.00
BLUE (BLU)	3	2	2	525.00	238.72	0.00	169.19	0.00	0.00
COMMERCIAL (COM)	5	3	3	875.00	350.94	0.00	871.23	2.83	0.00
HMO (HMO)	2	2	2	350.00	77.10	0.00	272.11	0.79	0.00
MEDICARE (MED)	1,106	787	787	193,550.00	42,456.19	0.00	155,214.83	66.70	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	12	7	7	2,275.00	755.60	175.00	914.93	2.47	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	1,128	801	801	197,575.00	43,878.55	175.00	157,442.29	72.79	0.00
MEDICARE (MED)	27	17	17	7,488.00	2,139.50	0.00	5,017.90	0.75	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	27	17	17	7,488.00	2,139.50	0.00	5,017.90	0.75	0.00
MEDICARE (MED)	3	3	3	1,182.00	413.30	0.00	738.66	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	3	3	3	1,182.00	413.30	0.00	738.66	0.00	0.00
MEDICARE (MED)	14	11	11	571.00	192.11	0.00	386.19	2.56	0.00
DECALCIFICATION PROCEDURE (1698)	14	11	11	571.00	192.11	0.00	386.19	2.56	0.00
COMMERCIAL (COM)	1	1	1	75.00	27.55	0.00	47.00	0.45	0.00
MEDICARE (MED)	19	17	17	1,668.00	598.64	0.00	1,298.71	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	20	18	18	1,743.00	626.19	0.00	1,345.71	0.45	0.00
MEDICARE (MED)	4	3	3	300.00	43.04	0.00	252.09	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	4	3	3	300.00	43.04	0.00	252.09	0.00	0.00
MEDICARE (MED)	16	6	6	3,223.00	694.35	0.00	2,128.55	1.03	0.00
FROZEN SECTION EXAM (1715)	16	6	6	3,223.00	694.35	0.00	2,128.55	1.03	0.00
MEDICARE (MED)	3	3	3	370.00	10.72	0.00	251.96	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL (1716)	3	3	3	370.00	10.72	0.00	251.96	0.00	0.00
BLUE (BLU)	1	1	1	162.00	68.00	0.00	94.00	0.00	0.00
MEDICARE (MED)	61	60	60	8,676.00	2,121.32	0.00	6,310.63	3.18	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	2	2	290.00	43.91	0.00	84.09	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	64	63	63	9,128.00	2,233.23	0.00	6,488.72	3.18	0.00
MEDICARE (MED)	0	0	0	0.00	13.34	0.00	0.76	0.00	0.00
IMMUNOFLUORESCENT STUDY (1721)	0	0	0	0.00	13.34	0.00	0.76	0.00	0.00
MEDICARE (MED)	1	1	1	70.00	17.80	0.00	52.20	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	1	1	1	70.00	17.80	0.00	52.20	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	6.91	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	0	0	0	0.00	0.00	0.00	6.91	0.00	0.00
MEDICARE (MED)	1	1	1	231.00	71.51	0.00	159.49	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 11
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
FLOW CYTOMETRY, 9 - 15 MARKERS(2929)	1	1	1	231.00	71.51	0.00	159.49	0.00	0.00
MEDICARE (MED)	5	5	5	1,450.00	353.49	0.00	767.75	0.00	0.00
OUTSIDE CASE CONSULTATION(2931)	5	5	5	1,450.00	353.49	0.00	767.75	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	3	3	3	222.00	85.23	0.00	193.25	53.48	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	3	3	3	222.00	85.23	0.00	193.25	53.48	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
PHYS QUALITY RPTING INITIATIVE(3250F)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	5	5	5	0.05	0.00	0.00	0.00	0.05	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	5	5	5	0.05	0.00	0.00	0.00	0.05	0.00
MEDICARE (MED)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
PQRS HER 2 IHC(3394F)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
MEDICARE (MED)	49	17	17	2,205.00	960.08	0.00	565.69	0.58	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	7	1	1	315.00	151.85	0.00	163.15	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	56	18	18	2,520.00	1,111.93	0.00	728.84	0.58	0.00
MEDICARE (MED)	22	8	8	3,960.00	1,197.63	0.00	2,754.30	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	22	8	8	3,960.00	1,197.63	0.00	2,754.30	0.00	0.00
MEDICARE (MED)	1	1	1	128.00	106.40	0.00	277.60	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	1	1	1	128.00	106.40	0.00	277.60	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	39.91	0.00	2.28	0.00	0.00
IMMUNOFLUORESCENT STUDY ADD'L(3697)	0	0	0	0.00	39.91	0.00	2.28	0.00	0.00
MEDICARE (MED)	3	1	1	135.00	244.45	0.00	160.55	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	3	1	1	135.00	244.45	0.00	160.55	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	30.00	0.00	0.00	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS(G0	0	0	0	0.00	30.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS - LUNG BX/CYTOLOGY(G9418)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	8	8	8	0.08	0.00	0.00	0.00	0.08	0.00
PQRI - MELANOMA CJTANEOUS(G9428)	8	8	8	0.08	0.00	0.00	0.00	0.08	0.00
MERCY HOSPITAL ST LOUIS OP(2)	1,472	1,057	1,057	238,425.25	54,367.06	285.00	186,667.66	174.68	0.00
MEDICARE (MED)	2	2	2	220.00	23.24	0.00	196.76	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	2	2	2	220.00	23.24	0.00	196.76	0.00	0.00
MEDICARE (MED)	18	14	14	3,150.00	1,024.37	0.00	3,554.78	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	18	14	14	3,150.00	1,024.37	0.00	3,554.78	0.00	0.00
MEDICARE (MED)	13	9	9	3,697.00	1,104.06	0.00	2,608.09	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	13	9	9	3,697.00	1,104.06	0.00	2,608.09	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 12
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	435.00	147.78	0.00	287.22	0.00	0.00
PATH EXAM LEVEL V ₁ SPECIMEN(1697)	1	1	1	435.00	147.78	0.00	287.22	0.00	0.00
MEDICARE (MED)	6	7	7	1,374.00	213.24	512.00	648.76	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	6	7	7	1,374.00	213.24	512.00	648.76	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	0.02	0.00
PQRI - BARRETT'S ESOPHAGUS (3126F)	0	0	0	0.00	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	6	6	6	0.06	0.00	0.00	0.00	0.06	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	6	6	6	0.06	0.00	0.00	0.00	0.06	0.00
MEDICARE (MED)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
PQRS HER 2 IHC(3394F)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
MEDICARE (MED)	7	3	3	315.00	198.45	0.00	116.55	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	7	3	3	315.00	198.45	0.00	116.55	0.00	0.00
MEDICARE (MED)	11	4	4	1,980.00	731.19	0.00	1,628.46	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	11	4	4	1,980.00	731.19	0.00	1,628.46	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	68	50	50	11,171.10	3,442.33	512.00	9,040.62	0.12	0.00
TOTAL	1,658	1,190	1,188	266,766.36	62,971.01	907.00	210,503.06	183.71	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 13

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	6.10	0.00
IMMUNOCYTOCHEMISTRY STAIN (G0461)	0	0	0	0.00	0.00	0.00	0.00	6.10	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	27.30	0.00
IMMUNOCYTOCHEMISTRY STAIN (G0462)	0	0	0	0.00	0.00	0.00	0.00	27.30	0.00
MERCY HOSPITAL ST LOUIS IP (1)	0	0	0	0.00	0.00	0.00	0.00	33.40	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	7.27	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	0	0	0	0.00	0.00	0.00	0.00	7.27	0.00
MERCY HOSPITAL ST LOUIS OP (2)	0	0	0	0.00	0.00	0.00	0.00	7.27	0.00
TOTAL	0	0	0	0.00	0.00	0.00	0.00	40.67	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 14

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	0	0	0	0.00	15.21-	0.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	0	0	0	0.00	15.21-	0.00	0.00	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	0	0	0	0.00	15.21-	0.00	0.00	0.00	0.00
TOTAL	0	0	0	0.00	15.21-	0.00	0.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 15

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	0	0	0	0.00	15.00	0.00	120.90-	0.37	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	0	0	0	0.00	15.00	0.00	120.90-	0.37	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	12.11-	0.00	0.00
FROZEN SECTION EXAM(1715)	0	0	0	0.00	0.00	0.00	12.11-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	15.77-	0.00	0.00
SPECIAL STAIN - GROUP 1(2735)	0	0	0	0.00	0.00	0.00	15.77-	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	0	0	0	0.00	15.00	0.00	148.78-	0.37	0.00
MEDICAID (MCD)	0	0	0	0.00	115.29	0.00	407.36	2.35	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	0	0	0	0.00	115.29	0.00	407.36	2.35	0.00
MEDICAID (MCD)	0	0	0	0.00	108.02	0.00	273.78	2.20	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	0	0	0	0.00	108.02	0.00	273.78	2.20	0.00
MEDICAID (MCD)	0	0	0	0.00	140.36	0.00	576.78	2.86	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	0	0	0	0.00	140.36	0.00	576.78	2.86	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	0	0	0	0.00	363.67	0.00	1,257.92	7.41	0.00
TOTAL	0	0	0	0.00	378.67	0.00	1,109.14	7.78	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 16

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
MEDICARE (MED)	2	2	2	154.00	14.64	0.00	139.36	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	2	2	2	154.00	14.64	0.00	139.36	0.00	0.00
MEDICAID (MCD)	0	1	1	110.00	0.00	110.00	0.00	0.00	0.00
MEDICARE (MED)	10	9	9	1,100.00	144.90	0.00	1,277.39	5.22	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	10	10	10	1,210.00	144.90	110.00	1,277.39	5.22	0.00
BLUE (BLU)	3	1	1	525.00	116.14	0.00	408.86	0.00	0.00
MEDICARE (MED)	70	37	37	12,250.00	2,530.70	0.00	9,284.40	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	73	38	38	12,775.00	2,646.84	0.00	9,693.26	0.00	0.00
MEDICARE (MED)	66	37	37	18,579.00	5,431.01	0.00	12,640.99	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	66	37	37	18,579.00	5,431.01	0.00	12,640.99	0.00	0.00
MEDICARE (MED)	19	19	19	8,169.00	2,803.71	0.00	5,303.99	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	19	19	19	8,169.00	2,803.71	0.00	5,303.99	0.00	0.00
MEDICAID (MCD)	0	1	1	39.00	0.00	39.00	0.00	0.00	0.00
MEDICARE (MED)	17	18	18	1,144.00	252.56	73.00	896.20	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	17	19	19	1,183.00	252.56	112.00	896.20	0.00	0.00
MEDICARE (MED)	5	2	2	375.00	132.16	0.00	237.24	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	5	2	2	375.00	132.16	0.00	237.24	0.00	0.00
MEDICARE (MED)	5	3	3	375.00	41.61	0.00	188.34	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	5	3	3	375.00	41.61	0.00	188.34	0.00	0.00
MEDICARE (MED)	9	7	7	1,869.00	551.96	0.00	1,292.29	0.00	0.00
FROZEN SECTION EXAM(1715)	9	7	7	1,869.00	551.96	0.00	1,292.29	0.00	0.00
MEDICARE (MED)	1	2	2	198.00	31.67	99.00	67.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	2	2	198.00	31.67	99.00	67.33	0.00	0.00
MEDICARE (MED)	27	24	24	3,966.00	869.70	0.00	2,674.84	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	27	24	24	3,966.00	869.70	0.00	2,674.84	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	3.68	0.00	0.00	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	0	0	0	0.00	3.68	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	150.00	64.43	0.00	85.57	0.00	0.00
TOUCH PREP(2285)	1	1	1	150.00	64.43	0.00	85.57	0.00	0.00
MEDICARE (MED)	1	1	1	175.00	38.71	0.00	136.29	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	1	1	1	175.00	38.71	0.00	136.29	0.00	0.00
MEDICAID (MCD)	0	1	1	150.00	0.00	150.00	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	21.88	0.00	47.54	0.00	0.00
SPECIAL STAIN - GROUP 1(2735)	0	1	1	150.00	21.88	150.00	47.54	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	7.48	0.00	0.00	0.00	0.00
OPERATING ROOM CONSULTATION(2927)	0	0	0	0.00	7.48	0.00	0.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 17

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	122.00	19.89	0.00	102.11	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	122.00	19.89	0.00	102.11	0.00	0.00
MEDICARE (MED)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
PQRI - PROSTATE (3267F)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC(3354F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	64	16	16	2,880.00	1,776.02	0.00	996.34	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	64	16	16	2,880.00	1,776.02	0.00	996.34	0.00	0.00
MEDICARE (MED)	2	2	2	280.00	79.50	0.00	200.50	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	2	2	2	280.00	79.50	0.00	200.50	0.00	0.00
MEDICARE (MED)	6	2	2	1,080.00	264.52	0.00	781.45	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	6	2	2	1,080.00	264.52	0.00	781.45	0.00	0.00
MEDICARE (MED)	1	1	1	128.00	36.27	0.00	91.73	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL(3691)	1	1	1	128.00	36.27	0.00	91.73	0.00	0.00
MEDICARE (MED)	3	1	1	135.00	86.79	0.00	48.21	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL(3	3	1	1	135.00	86.79	0.00	48.21	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - LUNG RESECTION(G9422)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS IP(1)	324	200	200	54,157.10	15,348.18	471.00	37,076.72	5.32	0.00
MEDICARE (MED)	1	1	1	69.00	18.16	0.00	50.84	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	1	1	1	69.00	18.16	0.00	50.84	0.00	0.00
MEDICARE (MED)	1	1	1	227.00	72.16	0.00	154.84	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	1	1	1	227.00	72.16	0.00	154.84	0.00	0.00
COMMERCIAL (COM)	1	1	1	77.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	8	7	7	616.00	123.77	0.00	557.32	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	9	8	8	693.00	123.77	0.00	557.32	0.00	0.00
COMMERCIAL (COM)	1	1	1	110.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	22	20	20	2,420.00	226.77	0.00	1,963.59	7.23	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	23	21	21	2,530.00	226.77	0.00	1,963.59	7.23	0.00
BLUE (BLU)	6	2	2	1,050.00	497.43	0.00	552.57	0.00	0.00
HMO (HMO)	3	1	1	525.00	115.66	0.00	409.34	0.00	0.00
MEDICARE (MED)	402	255	255	70,350.00	15,178.28	0.00	52,641.41	15.33	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	0	0	0	0.00	0.00	0.00	0.00	0.19	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	411	258	258	71,925.00	15,791.37	0.00	53,603.32	15.52	0.00
MEDICARE (MED)	57	39	39	15,927.00	4,736.77	269.00	10,552.32	6.93	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	57	39	39	15,927.00	4,736.77	269.00	10,552.32	6.93	0.00
MEDICARE (MED)	7	7	7	3,013.00	1,055.53	0.00	1,957.47	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 18

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
PATH EXAM LEVEL VI SPECIMEN(1697)	7	7	7	3,013.00	1,055.53	0.00	1,957.47	0.00	0.00
MEDICARE (MED)	11	9	9	531.00	196.00	0.00	440.98	0.42	0.00
DECALCIFICATION PROCEDURE(1698)	11	9	9	531.00	196.00	0.00	440.98	0.42	0.00
MEDICARE (MED)	11	8	8	987.00	319.22	0.00	704.58	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	11	8	8	987.00	319.22	0.00	704.58	0.00	0.00
BLUE (BLU)	1	1	1	75.00	12.23	0.00	62.77	0.00	0.00
MEDICARE (MED)	14	9	9	1,050.00	133.43	0.00	690.58	0.99	0.00
SPECIAL STAIN - GROUP 2(1703)	15	10	10	1,125.00	145.66	0.00	753.35	0.99	0.00
MEDICARE (MED)	3	3	3	600.00	192.24	0.00	407.76	0.00	0.00
FROZEN SECTION EXAM(1715)	3	3	3	600.00	192.24	0.00	407.76	0.00	0.00
MEDICARE (MED)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
BLUE (BLU)	1	1	1	128.00	36.28	0.00	91.72	0.00	0.00
MEDICARE (MED)	59	52	52	8,368.00	1,969.28	0.00	5,843.48	2.21	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	60	53	53	8,496.00	2,005.56	0.00	5,935.20	2.21	0.00
MEDICARE (MED)	1	1	1	196.00	0.00	0.00	0.00	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	1	1	1	196.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	3.68	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	0	0	0	0.00	0.00	0.00	0.00	3.68	0.00
MEDICARE (MED)	2	1	1	150.00	55.10	0.00	94.90	0.00	0.00
SPECIAL STAIN - GROUP 1(2735)	2	1	1	150.00	55.10	0.00	94.90	0.00	0.00
MEDICARE (MED)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
OPERATING ROOM CONSULTATION(2927)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
MEDICARE (MED)	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
MEDICARE (MED)	2	2	2	688.00	85.84	0.00	258.16	0.00	0.00
OUTSIDE CASE CONSULTATION(2931)	2	2	2	688.00	85.84	0.00	258.16	0.00	0.00
HMO (HMO)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	11	11	11	0.11	0.00	0.00	0.00	0.10	0.00
FQRI - BARRETT'S ESOPHAGUS(3126F)	12	12	12	0.12	0.00	0.00	0.00	0.11	0.00
MEDICARE (MED)	6	6	6	444.00	83.84	0.00	120.12	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	6	6	6	444.00	83.84	0.00	120.12	0.00	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	8	8	8	0.08	0.00	0.00	0.00	0.08	0.00
PQRS HER 2 IHC(3394F)	8	8	8	0.08	0.00	0.00	0.00	0.08	0.00
BLUE (BLU)	5	1	1	225.00	144.65	0.00	80.35	0.00	0.00
MEDICARE (MED)	65	24	24	2,925.00	1,535.89	0.00	891.45	1.18	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 19
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
IMMUNOCYTOCHEMISTRY STAIN(3540)	70	25	25	3,150.00	1,680.54	0.00	971.80	1.18	0.00
MEDICARE(MED)	10	5	5	1,400.00	277.89	0.00	702.11	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	10	5	5	1,400.00	277.89	0.00	702.11	0.00	0.00
MEDICARE(MED)	31	10	10	5,580.00	1,494.44	0.00	3,477.50	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	31	10	10	5,580.00	1,494.44	0.00	3,477.50	0.00	0.00
MEDICARE(MED)	3	3	3	384.00	108.81	0.00	275.19	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL(3691)	3	3	3	384.00	108.81	0.00	275.19	0.00	0.00
MEDICARE(MED)	9	3	3	405.00	260.37	0.00	144.63	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL(3	9	3	3	405.00	260.37	0.00	144.63	0.00	0.00
MEDICARE(MED)	8	8	8	1,225.00	1,323.00	0.00	22.00	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS(GO	8	8	8	1,225.00	1,323.00	0.00	22.00	0.00	0.00
MEDICARE(MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI ~ BREAST(PQRI-IP)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS OP(2)	777	508	508	120,389.23	30,411.68	269.00	83,633.34	38.38	0.00
MEDICARE(MED)	1	1	1	110.00	11.86	0.00	98.14	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	1	1	1	110.00	11.86	0.00	98.14	0.00	0.00
MEDICARE(MED)	23	15	15	4,025.00	1,222.73	0.00	4,225.77	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	23	15	15	4,025.00	1,222.73	0.00	4,225.77	0.00	0.00
MEDICARE(MED)	5	3	3	1,345.00	765.51	0.00	1,655.49	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	5	3	3	1,345.00	765.51	0.00	1,655.49	0.00	0.00
MEDICARE(MED)	1	1	1	75.00	12.22	0.00	62.78	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	1	1	1	75.00	12.22	0.00	62.78	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	63.54	0.00	136.46	0.00	0.00
FROZEN SECTION EXAM(1715)	0	0	0	0.00	63.54	0.00	136.46	0.00	0.00
MEDICARE(MED)	3	3	3	418.00	152.31	0.00	401.04	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	3	3	3	418.00	152.31	0.00	401.04	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	0.00	0.00	50.00	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	0	0	0	0.00	0.00	0.00	50.00	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	0.00	0.00	0.00	0.02	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	0	0	0	0.00	0.00	0.00	0.00	0.02	0.00
MEDICARE(MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC(3394F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE(MED)	2	1	1	90.00	57.86	0.00	32.14	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	2	1	1	90.00	57.86	0.00	32.14	0.00	0.00
MEDICARE(MED)	8	3	3	1,440.00	446.43	0.00	993.57	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	8	3	3	1,440.00	446.43	0.00	993.57	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	45	29	29	7,503.02	2,732.46	0.00	7,655.39	0.04	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 20

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

██████████ ██████████ ██████████ ██████████

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU

TOTAL	1,146	737	737	182,049.35	48,492.32	740.00	128,365.45	43.74	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 21

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS						
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	25.28-	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	0	0	0	0.00	0.00	0.00	25.28-	0.00	0.00
MERCY HOSPITAL ST LOUIS IP(1)	0	0	0	0.00	0.00	0.00	25.28-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	7.04-	0.00	0.00	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	0	0	0	0.00	7.04-	0.00	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	15.46	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	0	0	0	0.00	0.00	0.00	15.46	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	7.23	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	0	0	0	0.00	0.00	0.00	7.23	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	3.80-	0.00	0.00	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	0	0	0	0.00	3.80-	0.00	0.00	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	0	0	0	0.00	10.84-	0.00	22.69	0.00	0.00
TOTAL	0	0	0	0.00	10.84-	0.00	2.59-	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 22

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	7	5	5	539.00	48.26	0.00	487.76	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	7	5	5	539.00	48.26	0.00	487.76	0.00	0.00
MEDICARE (MED)	23	18	17	2,530.00	281.40	0.00	2,362.79	5.06	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	23	18	17	2,530.00	281.40	0.00	2,362.79	5.06	0.00
MEDICARE (MED)	73	61	59	12,950.00	3,236.67	175.00	11,321.84	19.67	0.00
PERSONAL (PER)	0	1	1	175.00	0.00	175.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	175.00	0.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	74	63	61	13,300.00	3,236.67	350.00	11,321.84	19.67	0.00
MEDICARE (MED)	34	28	27	9,571.00	2,614.14	0.00	5,810.72	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	2	2	1	588.00	529.20	0.00	58.80	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	36	30	28	10,159.00	3,143.34	0.00	5,869.52	0.00	0.00
MEDICARE (MED)	7	7	7	3,013.00	1,088.06	0.00	1,950.30	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	7	7	7	3,013.00	1,088.06	0.00	1,950.30	0.00	0.00
MEDICARE (MED)	51	45	44	2,558.00	659.60	0.00	1,837.42	0.78	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	2	2	1	146.00	131.40	0.00	14.60	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	53	47	45	2,704.00	791.00	0.00	1,852.02	0.78	0.00
MEDICARE (MED)	7	6	6	600.00	176.05	75.00	332.15	11.20	0.00
SPECIAL STAIN - GROUP 1(1699)	7	6	6	600.00	176.05	75.00	332.15	11.20	0.00
MEDICARE (MED)	1	1	1	75.00	14.45	0.00	62.78	0.25	0.00
SPECIAL STAIN - GROUP 2(1703)	1	1	1	75.00	14.45	0.00	62.78	0.25	0.00
MEDICARE (MED)	10	4	4	2,161.00	678.23	0.00	1,520.21	1.30	0.00
FROZEN SECTION EXAM(1715)	10	4	4	2,161.00	678.23	0.00	1,520.21	1.30	0.00
MEDICARE (MED)	0	0	0	0.00	6.35	0.00	0.00	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	0	0	0	0.00	6.35	0.00	0.00	0.00	0.00
MEDICARE (MED)	8	8	8	1,126.00	433.88	0.00	1,169.36	8.11	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	8	8	8	1,126.00	433.88	0.00	1,169.36	8.11	0.00
MEDICARE (MED)	1	1	1	196.00	44.99	0.00	151.01	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	1	1	1	196.00	44.99	0.00	151.01	0.00	0.00
MEDICARE (MED)	1	1	1	122.00	0.00	0.00	0.00	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	122.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
FQRI - PROSTATE(3267F)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
FQRS HER 2 IHC(3394F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	17	3	3	765.00	670.57	0.00	402.07	29.40	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	17	3	3	765.00	670.57	0.00	402.07	29.40	0.00
MEDICARE (MED)	1	1	1	140.00	39.75	0.00	100.25	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	1	1	1	140.00	39.75	0.00	100.25	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 23
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	3	1	1	540.00	167.41	0.00	372.59	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	3	1	1	540.00	167.41	0.00	372.59	0.00	0.00
MEDICARE (MED)	1	1	1	128.00	28.90	0.00	91.73	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	1	1	1	128.00	28.90	0.00	91.73	0.00	0.00
MEDICARE (MED)	3	1	1	135.00	69.15	0.00	48.21	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	3	1	1	135.00	69.15	0.00	48.21	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - COLORECTAL(68721)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - LUNG RESECTION(69422)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS IP(1)	259	204	197	38,233.06	10,918.46	425.00	28,094.59	75.82	0.00
MEDICARE (MED)	0	0	0	0.00	3.68	0.00	0.00	0.00	0.00
OLIGOCLONAL BANDS(0672)	0	0	0	0.00	3.68	0.00	0.00	0.00	0.00
MEDICARE (MED)	9	8	8	693.00	74.22	0.00	766.52	0.30	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	9	8	8	693.00	74.22	0.00	766.52	0.30	0.00
BLUE (BLU)	1	1	1	110.00	60.00	0.00	50.00	0.00	0.00
MEDICARE (MED)	94	78	78	10,340.00	927.43	0.00	7,852.83	45.13	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	95	79	79	10,450.00	987.43	0.00	7,902.83	45.13	0.00
BLUE (BLU)	3	2	2	525.00	143.71	0.00	206.29	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	51.25	0.00	123.75	0.00	0.00
HMO (HMO)	2	1	1	350.00	65.69	0.00	272.72	0.00	0.00
MEDICARE (MED)	1,224	859	859	214,550.00	47,502.14	350.00	165,630.10	90.59	0.00
PERSONAL (PER)	0	1	1	175.00	0.00	175.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	4	3	3	700.00	463.16	0.00	411.33	0.51	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	1,233	866	866	216,300.00	48,225.95	525.00	166,644.19	91.10	0.00
BLUE (BLU)	1	1	1	269.00	0.00	0.00	99.00	0.00	0.00
MEDICARE (MED)	24	21	21	6,706.00	1,757.25	0.00	4,013.68	1.39	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	173.85	0.00	363.45	0.70	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	25	22	22	6,975.00	1,931.10	0.00	4,476.13	2.09	0.00
MEDICARE (MED)	3	3	3	1,297.00	602.33	0.00	1,121.67	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	3	3	3	1,297.00	602.33	0.00	1,121.67	0.00	0.00
MEDICARE (MED)	18	15	15	872.00	242.38	0.00	632.00	2.61	0.00
DECALCIFICATION PROCEDURE (1698)	18	15	15	872.00	242.38	0.00	632.00	2.61	0.00
HMO (HMO)	0	0	0	0.00	23.52	0.00	47.33	0.00	0.00
MEDICARE (MED)	28	26	26	2,370.00	726.29	0.00	1,443.35	0.56	0.00
SPECIAL STAIN - GROUP 1(1699)	28	26	26	2,370.00	749.81	0.00	1,490.68	0.56	0.00
MEDICARE (MED)	2	2	2	150.00	34.14	0.00	188.38	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 24
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
SPECIAL STAIN - GROUP 2(1703)	2	2	2	150.00	34.14	0.00	188.38	0.00	0.00
MEDICARE(MED)	8	6	6	1,575.00	589.08	0.00	1,198.83	0.00	0.00
FROZEN SECTION EXAM(1715)	8	6	6	1,575.00	589.08	0.00	1,198.83	0.00	0.00
MEDICARE(MED)	3	3	3	370.00	101.36	0.00	274.99	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	3	3	3	370.00	101.36	0.00	274.99	0.00	0.00
MEDICARE(MED)	69	67	67	9,614.00	2,799.14	0.00	7,450.22	3.53	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	162.00	175.10	0.00	370.37	0.53	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	70	68	68	9,776.00	2,974.24	0.00	7,820.59	4.06	0.00
MEDICARE(MED)	0	0	0	0.00	0.00	0.00	0.00	0.76	0.00
IMMUNOFLUORESCENT STUDY(1721)	0	0	0	0.00	0.00	0.00	0.00	0.76	0.00
MEDICARE(MED)	3	3	3	540.00	134.97	0.00	405.03	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	3	3	3	540.00	134.97	0.00	405.03	0.00	0.00
MEDICARE(MED)	1	1	1	75.00	27.55	0.00	47.45	0.00	0.00
SPECIAL STAIN - GROUP 1(2735)	1	1	1	75.00	27.55	0.00	47.45	0.00	0.00
MEDICARE(MED)	1	1	1	209.00	85.84	0.00	123.16	0.00	0.00
OUTSIDE CASE CONSULTATION(2931)	1	1	1	209.00	85.84	0.00	123.16	0.00	0.00
MEDICARE(MED)	7	7	7	0.07	0.00	0.00	0.00	0.05	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	7	7	7	0.07	0.00	0.00	0.00	0.05	0.00
MEDICARE(MED)	2	2	2	172.00	55.21	0.00	162.75	4.04	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	2	2	2	172.00	55.21	0.00	162.75	4.04	0.00
MEDICARE(MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE(MED)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
PQRS HER 2 IHC(3394F)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
MEDICARE(MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS NON HER2 E/R P/R(3395F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE(MED)	64	21	21	2,880.00	1,802.86	0.00	996.28	1.88	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	64	21	21	2,880.00	1,802.86	0.00	996.28	1.88	0.00
MEDICARE(MED)	3	3	3	360.00	106.77	0.00	253.23	0.00	0.00
ADDITIONAL ISH PROBES BASIC READ(3577)	3	3	3	360.00	106.77	0.00	253.23	0.00	0.00
MEDICARE(MED)	26	10	10	3,640.00	714.85	0.00	2,604.75	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	26	10	10	3,640.00	714.85	0.00	2,604.75	0.00	0.00
MEDICARE(MED)	21	7	7	3,780.00	1,270.09	0.00	2,858.22	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	21	7	7	3,780.00	1,270.09	0.00	2,858.22	0.00	0.00
MEDICARE(MED)	2	2	2	256.00	72.54	0.00	183.46	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL(3691)	2	2	2	256.00	72.54	0.00	183.46	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	0.00	0.00	0.00	2.26	0.00
IMMUNOFLUORESCENT STUDY ADD'L(3697)	0	0	0	0.00	0.00	0.00	0.00	2.26	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 25

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	6	2	2	270.00	173.58	0.00	96.42	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3)	6	2	2	270.00	173.58	0.00	96.42	0.00	0.00
MEDICARE (MED)	12	12	12	1,875.00	1,905.00	0.00	30.00	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS(GO)	12	12	12	1,875.00	1,905.00	0.00	30.00	0.00	0.00
MEDICARE (MED)	7	7	7	0.07	0.00	0.00	0.00	0.09	0.00
PQRI - MELANOMA CUTANEOUS (G9428)	7	7	7	0.07	0.00	0.00	0.00	0.09	0.00
MERCY HOSPITAL ST LOUIS OP(2)	1,655	1,182	1,182	264,885.20	62,864.98	525.00	200,277.56	154.99	0.00
MEDICARE (MED)	4	3	3	440.00	47.04	0.00	335.30	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	4	3	3	440.00	47.04	0.00	335.30	0.00	0.00
MEDICARE (MED)	29	15	15	5,075.00	976.55	0.00	3,406.29	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	29	15	15	5,075.00	976.55	0.00	3,406.29	0.00	0.00
MEDICARE (MED)	9	6	6	2,521.00	835.34	0.00	1,937.32	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	9	6	6	2,521.00	835.34	0.00	1,937.32	0.00	0.00
MEDICARE (MED)	1	1	1	435.00	150.79	0.00	284.21	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	1	1	1	435.00	150.79	0.00	284.21	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	12.85	0.00	26.15	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	0	0	0	0.00	12.85	0.00	26.15	0.00	0.00
MEDICARE (MED)	2	2	2	423.00	128.16	0.00	294.84	0.00	0.00
FROZEN SECTION EXAM(1715)	2	2	2	423.00	128.16	0.00	294.84	0.00	0.00
MEDICARE (MED)	4	1	1	396.00	126.70	0.00	269.30	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	4	1	1	396.00	126.70	0.00	269.30	0.00	0.00
MEDICARE (MED)	4	4	4	546.00	145.08	0.00	400.92	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	4	4	4	546.00	145.08	0.00	400.92	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC(3394F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	1	1	1	45.00	28.93	0.00	16.07	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	1	1	1	45.00	28.93	0.00	16.07	0.00	0.00
MEDICARE (MED)	9	3	3	1,620.00	502.23	0.00	1,117.77	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	9	3	3	1,620.00	502.23	0.00	1,117.77	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	68	41	41	11,501.05	2,953.67	0.00	8,088.17	0.05	0.00
TOTAL	1,982	1,427	1,420	314,619.31	76,737.11	950.00	236,460.32	230.86	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 26

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	2	2	2	138.00	35.60	0.00	102.40	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	2	2	2	138.00	35.60	0.00	102.40	0.00	0.00
MEDICARE (MED)	2	2	2	140.00	35.60	0.00	104.40	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM BLUE (BLU)	2	2	2	140.00	35.60	0.00	104.40	0.00	0.00
BLU (BLU)	1	1	1	212.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	45	39	39	9,488.00	1,208.03	212.00	7,811.31	1.13	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	3	1	1	612.00	280.77	0.00	739.23	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163)	49	41	41	10,312.00	1,488.80	212.00	8,550.54	1.13	0.00
COMMERCIAL (COM)	2	1	1	422.00	102.66	0.00	319.34	0.00	0.00
MEDICARE (MED)	18	12	11	3,942.00	1,200.14	0.00	2,495.72	14.37	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	211.00	71.86	0.00	139.14	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET (1647)	21	14	13	4,575.00	1,374.66	0.00	2,954.20	14.37	0.00
MEDICARE (MED)	2	2	2	154.00	12.86	0.00	140.99	0.00	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	2	2	2	154.00	12.86	0.00	140.99	0.00	0.00
MEDICARE (MED)	14	13	13	1,540.00	110.98	0.00	983.80	9.85	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	14	13	13	1,540.00	110.98	0.00	983.80	9.85	0.00
MEDICARE (MED)	43	22	22	7,525.00	1,542.21	0.00	5,924.63	0.00	0.00
PERSONAL (PER)	3	1	1	525.00	55.08	0.00	469.92	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	46	23	23	8,050.00	1,597.29	0.00	6,394.55	0.00	0.00
MEDICARE (MED)	23	13	13	6,412.00	1,615.70	0.00	4,113.48	17.00	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	23	13	13	6,412.00	1,615.70	0.00	4,113.48	17.00	0.00
MEDICARE (MED)	9	9	9	3,645.00	1,330.64	0.00	2,636.70	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	9	9	9	3,645.00	1,330.64	0.00	2,636.70	0.00	0.00
MEDICARE (MED)	1	1	1	73.00	0.00	0.00	0.00	0.00	0.00
DECALCIFICATION PROCEDURE (1698)	1	1	1	73.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	11	6	6	1,014.00	357.89	0.00	832.15	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	75.00	27.44	0.00	47.56	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	12	7	7	1,089.00	385.33	0.00	879.71	0.00	0.00
MEDICARE (MED)	11	8	8	825.00	139.08	0.00	756.06	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	11	8	8	825.00	139.08	0.00	756.06	0.00	0.00
MEDICARE (MED)	23	13	13	4,876.00	1,368.54	0.00	3,083.20	0.00	0.00
FROZEN SECTION EXAM (1715)	23	13	13	4,876.00	1,368.54	0.00	3,083.20	0.00	0.00
MEDICARE (MED)	1	1	1	99.00	31.05	0.00	67.95	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL (1716)	1	1	1	99.00	31.05	0.00	67.95	0.00	0.00
BLU (BLU)	1	1	1	162.00	0.00	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	1	1	1	128.00	25.80	0.00	102.20	0.00	0.00
MEDICARE (MED)	29	28	28	4,120.00	938.92	0.00	2,950.32	7.96	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	31	30	30	4,410.00	964.72	0.00	3,052.52	7.96	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 27
 Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS						
MEDICARE (MED)	1	1	1	78.00	24.25	0.00	53.75	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	1	1	1	78.00	24.25	0.00	53.75	0.00	0.00
BLUE (BLU)	1	1	1	175.00	0.00	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	0	1	1	350.00	0.00	350.00	0.00	0.00	0.00
MEDICARE (MED)	28	24	23	4,900.00	1,085.24	0.00	3,697.51	9.89	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	1	1	350.00	77.11	0.00	272.89	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	31	27	26	5,775.00	1,162.35	350.00	3,970.40	9.89	0.00
MEDICARE (MED)	1	1	1	122.00	0.00	0.00	0.00	0.00	0.00
OPERATING ROOM CONSULTATION (2927)	1	1	1	122.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	423.00	70.28	0.00	334.79	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	1	1	1	423.00	70.28	0.00	334.79	0.00	0.00
MEDICARE (MED)	1	1	1	50.00	19.49	0.00	30.51	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	1	1	1	50.00	19.49	0.00	30.51	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - PROSTATE (3267F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
BLUE (BLU)	1	1	1	45.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	105	24	24	4,725.00	2,841.14	0.00	1,797.53	44.19	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	106	25	25	4,770.00	2,841.14	0.00	1,797.53	44.19	0.00
MEDICARE (MED)	3	3	3	384.00	135.42	0.00	369.23	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL (3691)	3	3	3	384.00	135.42	0.00	369.23	0.00	0.00
MEDICARE (MED)	9	3	3	405.00	319.95	0.00	203.52	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL (3	9	3	3	405.00	319.95	0.00	203.52	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - COLORECTAL (G8721)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
COMMERCIAL (COM)	2	1	1	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS - LUNG BX/CYTOLOGY (G9418)	3	2	2	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - LUNG RESECTION (G9422)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS IP (1)	408	248	246	58,345.08	15,063.73	562.00	40,580.23	104.46	0.00
MEDICARE (MED)	1	1	1	81.00	17.80	0.00	63.20	0.00	0.00
OLIGOCLONAL BANDS (0672)	1	1	1	81.00	17.80	0.00	63.20	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	20.03	0.00	183.97	0.00	0.00
MEDICARE (MED)	92	76	76	19,804.00	2,231.42	636.00	14,009.62	10.67	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163	92	76	76	19,804.00	2,251.45	636.00	14,193.59	10.67	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 28
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	3	3	3	600.00	108.57	0.00	491.43	0.00	0.00
FNA IMMEDIATE EVALUATION(1646)	3	3	3	600.00	108.57	0.00	491.43	0.00	0.00
MEDICARE (MED)	66	42	42	14,502.00	4,566.47	0.00	9,631.27	4.34	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	1	1	454.00	0.00	0.00	0.00	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	68	43	43	14,956.00	4,566.47	0.00	9,631.27	4.34	0.00
MEDICARE (MED)	11	11	11	847.00	62.37	0.00	628.47	3.64	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	11	11	11	847.00	62.37	0.00	628.47	3.64	0.00
MEDICARE (MED)	12	12	12	1,430.00	148.59	110.00	1,279.05	4.69	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	12	12	12	1,430.00	148.59	110.00	1,279.05	4.69	0.00
BLUE (BLU)	1	1	1	175.00	100.00	0.00	75.00	0.00	0.00
MEDICARE (MED)	290	189	189	51,275.00	11,138.16	525.00	41,113.30	5.43	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	7	4	4	1,225.00	552.54	0.00	322.46	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	298	194	194	52,675.00	11,790.70	525.00	41,510.76	5.43	0.00
MEDICARE (MED)	25	20	20	7,463.00	2,271.87	538.00	5,282.79	0.01	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	1	1	588.00	0.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	27	21	21	8,051.00	2,271.87	538.00	5,282.79	0.01	0.00
MEDICARE (MED)	3	3	3	1,289.00	476.00	0.00	835.48	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	3	3	3	1,289.00	476.00	0.00	835.48	0.00	0.00
MEDICARE (MED)	14	7	7	1,293.00	415.91	0.00	1,010.07	0.55	0.00
SPECIAL STAIN - GROUP 1(1699)	14	7	7	1,293.00	415.91	0.00	1,010.07	0.55	0.00
MEDICARE (MED)	7	6	6	525.00	92.16	0.00	503.97	0.24	0.00
SPECIAL STAIN - GROUP 2(1703)	7	6	6	525.00	92.16	0.00	503.97	0.24	0.00
MEDICARE (MED)	1	1	1	255.00	86.24	0.00	168.76	0.00	0.00
CASE CONSULTATION-COMPLEX(1712)	1	1	1	255.00	86.24	0.00	168.76	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	7.48	0.00	0.00	0.00	0.00
OPERATING ROOM CONSULTATION(1714)	0	0	0	0.00	7.48	0.00	0.00	0.00	0.00
MEDICARE (MED)	10	5	5	2,184.00	614.95	0.00	1,692.46	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	200.00	64.57	0.00	135.43	0.00	0.00
FROZEN SECTION EXAM(1715)	11	6	6	2,384.00	679.52	0.00	1,827.89	0.00	0.00
MEDICARE (MED)	3	1	1	516.00	93.14	0.00	422.86	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	99.00	15.78	0.00	82.90	0.32	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	4	2	2	615.00	108.92	0.00	505.76	0.32	0.00
MEDICARE (MED)	52	52	52	7,858.00	1,822.15	256.00	5,446.28	0.72	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	2	2	324.00	0.00	0.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	54	54	54	8,182.00	1,822.15	256.00	5,446.28	0.72	0.00
MEDICARE (MED)	1	1	1	45.00	17.80	0.00	27.20	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	1	1	1	45.00	17.80	0.00	27.20	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	27.45	0.00	147.55	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 29

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	47	35	35	8,225.00	1,591.86	0.00	5,886.24	1.55	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	1	1	350.00	0.00	0.00	0.00	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	49	36	36	8,575.00	1,619.31	0.00	6,033.79	1.55	0.00
MEDICARE (MED)	0	0	0	0.00	18.14	0.00	0.00	0.00	0.00
FLOW CYTOMETRY, 9 - 15 MARKERS (2929)	0	0	0	0.00	18.14	0.00	0.00	0.00	0.00
MEDICARE (MED)	14	14	14	3,736.00	1,038.97	0.00	2,298.31	3.42	0.00
OUTSIDE CASE CONSULTATION (2931)	14	14	14	3,736.00	1,038.97	0.00	2,298.31	3.42	0.00
MEDICARE (MED)	1	1	1	50.00	38.96	0.00	61.04	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	122.00	0.00	0.00	0.00	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	2	2	2	172.00	38.96	0.00	61.04	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE (3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS BREAST PERFORMANCE NOT MET (3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
PQRS HER 2 IHC (3394F)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	130	35	35	5,940.00	2,976.47	90.00	1,800.35	2.65	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	45.00	0.00	0.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	131	36	36	5,985.00	2,976.47	90.00	1,800.35	2.65	0.00
MEDICARE (MED)	2	2	2	280.00	77.92	0.00	202.08	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3583)	2	2	2	280.00	77.92	0.00	202.08	0.00	0.00
MEDICARE (MED)	13	5	5	2,340.00	591.58	0.00	1,253.10	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	13	5	5	2,340.00	591.58	0.00	1,253.10	0.00	0.00
MEDICARE (MED)	4	4	4	600.00	620.40	0.00	9.60	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS (G0)	4	4	4	600.00	620.40	0.00	9.60	0.00	0.00
MEDICARE (MED)	5	4	4	0.05	0.00	0.00	0.00	0.03	0.00
PQRS - LUNG BX/CYTOLOGY (G9418)	5	4	4	0.05	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS NSC LUNG CA REASON NOT GIVEN (G94)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS OP (2)	832	549	549	134,720.10	31,905.75	2,155.00	95,064.24	38.30	0.00
MEDICARE (MED)	15	8	8	2,625.00	509.95	0.00	1,780.63	0.10	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	15	8	8	2,625.00	509.95	0.00	1,780.63	0.10	0.00
MEDICARE (MED)	6	3	3	1,689.00	462.24	0.00	1,187.22	0.00	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	6	3	3	1,689.00	462.24	0.00	1,187.22	0.00	0.00
MEDICARE (MED)	2	2	2	324.00	71.08	0.00	252.92	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	2	2	2	324.00	71.08	0.00	252.92	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	111.11	0.00	311.89	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 30

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	0	0	0	0.00	111.11	0.00	311.89	0.00	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PHYS QUALITY RPTING INITIATIVE (3260F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC (3394F)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	4	1	1	180.00	113.40	0.00	66.60	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	4	1	1	180.00	113.40	0.00	66.60	0.00	0.00
MEDICARE (MED)	3	1	1	540.00	186.41	0.00	375.93	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	3	1	1	540.00	186.41	0.00	375.93	0.00	0.00
MEDICARE (MED)	2	2	2	360.00	43.57	0.00	125.31	0.00	0.00
HER2 IHC PER SPECIMEN EA AB (3756)	2	2	2	360.00	43.57	0.00	125.31	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC (5)	37	22	22	5,718.05	1,497.76	0.00	4,100.50	0.14	0.00
TOTAL	1,277	819	817	198,783.23	48,467.24	2,717.00	139,744.97	142.90	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 31
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
BLUE (BLU)	8	8	8	648.00	262.54	0.00	514.84	1.62	0.00
COMMERCIAL (COM)	3	3	3	243.00	31.01	0.00	211.62	0.37	0.00
HMO (HMO)	2	2	2	162.00	36.18	0.00	125.82	0.00	0.00
MEDICAID (MCD)	3	3	3	243.00	53.83	0.00	189.17	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	14.43	0.00	62.89	7.36	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	13	13	13	1,053.00	303.55	0.00	722.68	2.37	0.00
OLIGOCLOLONAL BANDS (J672)	29	29	29	2,349.00	701.54	0.00	1,827.02	11.72	0.00
BLUE (BLU)	52	52	52	3,588.00	1,309.21	0.00	2,020.56	1.04	0.00
COMMERCIAL (COM)	14	14	14	966.00	209.91	0.00	669.10	2.43	0.00
HMO (HMO)	22	22	22	1,518.00	500.37	0.00	1,427.05	2.96	0.00
MEDICAID (MCD)	14	14	14	966.00	313.38	0.00	997.12	0.50	0.00
MEDICARE (MED)	5	5	5	345.00	174.28	0.00	456.87	0.89	0.00
PERSONAL (PER)	19	19	19	1,311.00	71.24	0.00	225.46	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	72	74	73	5,106.00	1,372.36	138.00	4,021.46	0.83	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	198	200	199	13,800.00	3,950.75	138.00	9,817.62	8.65	0.00
BLUE (BLU)	21	21	21	1,701.00	546.16	0.00	1,066.97	0.67	0.00
COMMERCIAL (COM)	7	7	6	567.00	114.73	0.00	369.30	1.97	0.00
HMO (HMO)	9	9	9	729.00	201.24	0.00	689.76	0.00	0.00
MEDICAID (MCD)	3	3	3	243.00	48.88	0.00	194.12	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	21.79	0.00	62.89	0.00	0.00
PERSONAL (PER)	7	7	7	567.00	31.92	0.00	138.18	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	32	32	31	2,592.00	694.73	0.00	2,130.33	0.63	0.00
ELECTROPHORESIS, 24-H URINE (0746)	79	79	77	6,399.00	1,659.45	0.00	4,651.55	3.27	0.00
BLUE (BLU)	9	9	9	729.00	205.67	0.00	488.27	0.37	0.00
COMMERCIAL (COM)	4	4	4	324.00	54.21	0.00	187.68	1.11	0.00
HMO (HMO)	7	7	7	567.00	159.64	0.00	568.62	0.74	0.00
MEDICAID (MCD)	4	4	4	324.00	96.30	0.00	389.20	0.50	0.00
MEDICARE (MED)	5	5	5	405.00	115.53	0.00	376.49	1.34	0.00
PERSONAL (PER)	7	7	7	567.00	24.06	0.00	145.54	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	15	15	15	1,215.00	222.42	0.00	830.58	0.00	0.00
ELECTROPHORESIS, RANDOM URINE (0748)	51	51	51	4,131.00	877.83	0.00	2,986.38	4.06	0.00
BLUE (BLU)	43	43	43	3,010.00	1,120.47	0.00	1,700.00	1.04	0.00
COMMERCIAL (COM)	8	8	8	560.00	120.80	0.00	297.11	2.09	0.00
HMO (HMO)	18	18	18	1,260.00	414.15	0.00	1,193.26	2.59	0.00
MEDICAID (MCD)	12	12	12	840.00	268.34	0.00	851.66	0.00	0.00
MEDICARE (MED)	4	4	4	280.00	138.01	0.00	362.43	0.60	0.00
PERSONAL (PER)	13	13	13	910.00	74.12	0.00	156.88	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	56	56	55	3,920.00	1,509.75	0.00	2,806.87	0.86	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 32

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS							PAYMENTS	ADJUSTMENTS	ADJUSTMENTS
IMMUNOFIXATION ELECTROPHORESIS, SERUM	154	154	153	10,780.00	3,645.64	0.00	7,368.21	7.18	0.00
BLUE (BLU)	106	92	80	22,024.00	9,357.26	0.00	11,645.51	2.83	0.00
COMMERCIAL (COM)	39	33	28	8,328.00	1,523.79	212.00	5,481.14	7.43	0.00
HMO (HMO)	66	56	50	13,656.00	1,745.62	0.00	11,612.11	12.56	0.00
MEDICAID (MCD)	33	30	29	6,804.00	2,035.70	0.00	5,761.70	211.00	0.00
MEDICARE (MED)	12	11	11	2,668.00	496.57	212.00	2,818.98	13.30	0.00
PERSONAL (PER)	26	22	18	5,440.00	50.58	0.00	2,421.42	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	172	150	139	35,680.00	12,340.20	204.00	23,826.61	0.57	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	454	394	355	94,600.00	27,549.72	628.00	63,567.47	247.69	0.00
BLUE (BLU)	2	2	2	400.00	74.53	0.00	325.47	0.00	0.00
COMMERCIAL (COM)	1	1	1	200.00	0.00	0.00	0.00	0.00	0.00
FNA IMMEDIATE EVALUATION(1646)	3	3	3	600.00	74.53	0.00	325.47	0.00	0.00
BLUE (BLU)	33	21	21	7,243.00	4,197.15	0.00	3,599.34	0.00	0.00
COMMERCIAL (COM)	10	8	7	2,190.00	579.96	0.00	1,145.76	10.28	0.00
HMO (HMO)	17	11	11	3,683.00	917.14	0.00	1,824.02	11.73	0.00
MEDICAID (MCD)	14	10	10	3,010.00	707.20	0.00	2,917.80	2.00	0.00
MEDICARE (MED)	3	3	3	633.00	361.44	0.00	570.27	0.00	0.00
PERSONAL (PER)	7	7	7	1,557.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	37	24	24	8,063.00	2,905.63	211.00	5,017.56	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	121	84	83	26,379.00	9,668.52	211.00	15,074.75	24.01	0.00
BLUE (BLU)	5	5	5	215.00	79.80	0.00	88.00	0.00	0.00
HMO (HMO)	1	1	1	43.00	9.04	0.00	76.78	0.18	0.00
MEDICARE (MED)	2	2	2	86.00	8.18	0.00	76.90	0.00	0.00
PERSONAL (PER)	3	3	3	129.00	43.00	0.00	43.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	4	4	4	172.00	48.60	0.00	75.00	0.00	0.00
PATH EXAM LEVEL 1 SPECIMEN(1687)	15	15	15	645.00	188.62	0.00	359.68	0.18	0.00
BLUE (BLU)	50	43	43	3,850.00	1,494.79	0.00	2,128.11	8.61	0.00
COLLECTION (COL)	1	1	1	77.00	0.00	0.00	69.30	0.00	0.00
COMMERCIAL (COM)	16	13	13	1,232.00	490.98	0.00	565.63	0.60	0.00
HMO (HMO)	7	6	6	539.00	40.83	0.00	421.02	0.15	0.00
MEDICAID (MCD)	10	10	10	770.00	81.47	0.00	765.53	0.00	0.00
MEDICARE (MED)	9	9	9	693.00	58.54	0.00	557.46	2.97	0.00
PERSONAL (PER)	12	11	11	924.00	82.45	0.00	579.75	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	56	52	52	4,312.00	1,160.81	0.00	2,925.35	5.06	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	161	145	145	12,397.00	3,409.87	0.00	8,012.15	17.39	0.00
BLUE (BLU)	231	210	207	25,520.00	13,057.21	110.00	11,799.60	0.24	0.00
COLLECTION (COL)	2	1	1	220.00	0.00	0.00	198.00	0.00	0.00
COMMERCIAL (COM)	57	54	51	6,270.00	1,698.44	0.00	4,095.29	12.64	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 33

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS						
HMO (HMO)	52	49	49	5,720.00	611.18	0.00	5,512.39	14.67	0.00
MEDICAID (MCD)	79	68	65	8,910.00	1,139.85	220.00	8,203.65	6.00	0.00
MEDICARE (MED)	14	12	12	1,540.00	194.78	0.00	1,672.62	2.52	0.00
PERSONAL (PER)	51	51	50	5,610.00	501.83	0.00	1,940.17	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	236	222	222	26,070.00	10,366.40	110.00	15,514.81	14.62	0.00
PRE-COLLECTION (PRECO)	0	0	0	0.00	0.00	0.00	88.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	722	667	657	79,860.00	27,569.69	440.00	49,024.53	50.69	0.00
BLUE (BLU)	649	371	358	114,275.00	56,324.13	525.00	49,542.72	12.26	0.00
COMMERCIAL (COM)	143	91	87	25,025.00	8,380.23	0.00	16,102.14	44.04	0.00
HMO (HMO)	186	112	107	32,550.00	9,323.61	0.00	30,206.55	49.41	0.00
MEDICAID (MCD)	270	142	136	47,600.00	9,624.69	350.00	34,717.66	13.15	0.00
MEDICARE (MED)	69	49	47	12,250.00	3,244.32	175.00	11,434.35	8.49	0.00
PERSONAL (PER)	106	68	66	18,550.00	287.29	0.00	8,025.21	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	820	507	491	143,500.00	72,917.99	175.00	69,006.46	11.04	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	2,243	1,340	1,292	393,750.00	160,102.26	1,225.00	219,035.09	138.39	0.00
BLUE (BLU)	948	748	743	265,036.00	150,607.70	294.00	106,325.22	15.61	0.00
COLLECTION (COL)	1	1	1	269.00	0.00	0.00	242.10	0.00	0.00
COMMERCIAL (COM)	182	151	150	51,468.00	14,745.57	269.00	32,261.72	60.62	0.00
HMO (HMO)	146	105	104	41,074.00	14,447.23	0.00	34,313.25	45.68	0.00
MEDICAID (MCD)	470	423	422	131,099.00	30,040.97	269.00	102,275.23	6.00	0.00
MEDICARE (MED)	61	35	35	17,616.00	5,541.93	832.00	12,653.41	0.00	0.00
PERSONAL (PER)	75	58	55	21,350.00	878.43	269.00	12,479.42	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1,183	960	956	330,440.00	137,980.91	538.00	192,082.82	30.09	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	3,066	2,481	2,466	858,352.00	354,242.74	2,471.00	492,633.17	158.00	0.00
BLUE (BLU)	107	106	106	45,605.00	25,212.96	0.00	20,622.92	36.30	0.00
COMMERCIAL (COM)	18	17	17	7,635.00	2,543.17	0.00	4,499.68	32.27	0.00
HMO (HMO)	33	33	33	14,104.00	5,599.30	0.00	10,239.07	24.45	0.00
MEDICAID (MCD)	17	17	17	7,093.00	1,509.02	0.00	4,713.48	0.50	0.00
MEDICARE (MED)	18	18	18	7,595.00	2,713.22	0.00	4,849.23	0.00	0.00
PERSONAL (PER)	6	6	6	2,586.00	0.00	0.00	1,672.50	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	165	160	159	71,279.00	27,099.77	427.00	44,373.92	0.22	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	364	357	356	155,897.00	64,677.44	427.00	90,970.80	93.74	0.00
BLUE (BLU)	77	68	63	4,107.00	1,467.27	0.00	2,154.88	0.30	0.00
COLLECTION (COL)	1	1	1	73.00	0.00	0.00	65.70	0.00	0.00
COMMERCIAL (COM)	47	40	37	2,436.00	853.83	0.00	1,571.07	5.99	0.00
HMO (HMO)	54	44	44	3,049.00	718.56	0.00	2,307.71	5.78	0.00
MEDICAID (MCD)	43	34	29	2,192.00	424.03	39.00	2,021.47	0.50	0.00
MEDICARE (MED)	16	16	16	1,164.00	283.32	234.00	880.40	0.26	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 34

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
PERSONAL (PER)	22	20	20	1,180.00	15.60	0.00	387.80	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	152	139	134	8,059.00	1,854.39	0.00	5,552.59	1.17	0.00
DECALCIFICATION PROCEDURE (1698)	412	362	344	22,260.00	5,617.00	273.00	14,941.62	14.00	0.00
BLUE (BLU)	80	38	36	7,269.00	3,461.55	0.00	3,184.00	0.00	0.00
COMMERCIAL (COM)	11	9	8	1,014.00	179.65	0.00	656.23	1.12	0.00
HMO (HMO)	27	13	11	2,214.00	667.30	0.00	1,465.39	1.12	0.00
MEDICAID (MCD)	28	19	19	2,262.00	649.68	0.00	2,362.32	0.00	0.00
MEDICARE (MED)	8	5	5	681.00	224.34	0.00	508.14	1.12	0.00
PERSONAL (PER)	20	13	11	1,662.00	0.00	0.00	810.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	105	51	51	8,766.00	3,140.22	75.00	6,636.38	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	279	148	141	23,868.00	8,322.74	75.00	15,622.46	3.36	0.00
BLUE (BLU)	1	1	1	75.00	21.00	0.00	54.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	150.00	0.00	0.00
SPECIAL STAIN - GROUP 2 (1701)	1	1	1	75.00	21.00	0.00	204.00	0.00	0.00
BLUE (BLU)	85	54	51	6,375.00	1,659.92	0.00	4,728.58	0.00	0.00
COMMERCIAL (COM)	27	17	17	2,025.00	370.87	0.00	2,085.15	1.00	0.00
HMO (HMO)	42	26	25	3,150.00	517.88	0.00	2,699.79	3.53	0.00
MEDICAID (MCD)	27	16	16	2,475.00	198.13	450.00	1,526.87	0.00	0.00
MEDICARE (MED)	12	7	7	900.00	149.12	0.00	753.36	0.00	0.00
PERSONAL (PER)	20	10	10	1,500.00	77.03	0.00	1,265.47	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	122	75	74	9,150.00	1,406.05	0.00	7,430.61	0.36	0.00
SPECIAL STAIN - GROUP 2 (1703)	335	205	200	25,575.00	4,379.00	450.00	20,489.83	4.89	0.00
BLUE (BLU)	132	84	84	28,213.00	10,755.81	0.00	11,093.46	5.21	0.00
COMMERCIAL (COM)	22	17	17	4,492.00	1,086.95	0.00	2,406.11	9.10	0.00
HMO (HMO)	29	19	19	6,214.00	1,913.84	0.00	4,579.05	17.41	0.00
MEDICAID (MCD)	18	13	13	3,761.00	816.16	0.00	2,898.84	0.00	0.00
MEDICARE (MED)	12	9	9	2,492.00	997.06	0.00	2,258.56	0.00	0.00
PERSONAL (PER)	10	10	10	2,138.00	0.00	0.00	1,824.40	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	102	81	80	21,009.00	8,751.39	0.00	11,686.46	0.00	0.00
FROZEN SECTION EXAM (1715)	325	233	232	68,319.00	24,321.21	0.00	36,746.88	31.72	0.00
BLUE (BLU)	20	14	14	2,517.00	939.64	99.00	1,507.62	1.29	0.00
COMMERCIAL (COM)	2	2	2	198.00	76.60	0.00	120.74	0.66	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	8	7	7	891.00	284.36	99.00	474.98	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL (1716)	30	23	23	3,606.00	1,300.60	198.00	2,103.34	1.95	0.00
BLUE (BLU)	206	186	170	29,822.00	12,558.49	324.00	14,899.80	1.48	0.00
COMMERCIAL (COM)	52	46	45	7,390.00	2,214.17	128.00	4,930.40	17.73	0.00
HMO (HMO)	87	81	76	12,880.00	3,419.26	0.00	9,743.12	24.63	0.00
MEDICAID (MCD)	73	64	62	10,340.00	1,968.31	0.00	7,544.95	0.74	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 35

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE	OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS						
MEDICARE (MED)	38	36	36	5,340.00	1,615.52	0.00	4,502.77	2.36	0.00
PERSONAL (PER)	43	42	41	6,134.00	38.63	0.00	3,337.97	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	294	274	261	42,592.00	14,642.52	290.00	27,699.03	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	793	729	691	114,498.00	36,456.90	742.00	72,658.04	46.94	0.00
BLUE (BLU)	2	2	2	392.00	110.72	0.00	281.28	0.00	0.00
COMMERCIAL (COM)	-1	0	0	0.00	39.57	180.00	140.43	0.00	0.00
HMO (HMO)	1	1	1	196.00	44.81	0.00	151.19	0.00	0.00
MEDICARE (MED)	1	1	1	196.00	44.99	0.00	151.01	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	4	3	3	768.00	102.84	0.00	1,022.62	0.00	0.00
INITIAL ISH PROBE BASIC READ (1734)	7	7	7	1,552.00	342.93	180.00	1,746.53	0.00	0.00
BLUE (BLU)	8	8	8	360.00	156.46	0.00	180.54	0.00	0.00
COMMERCIAL (COM)	4	3	3	180.00	78.19	0.00	92.77	0.94	0.00
HMO (HMO)	8	8	8	360.00	144.66	0.00	214.23	1.11	0.00
MEDICAID (MCD)	5	4	4	225.00	70.52	0.00	153.98	0.50	0.00
MEDICARE (MED)	1	1	1	45.00	17.79	0.00	26.84	0.37	0.00
PERSONAL (PER)	4	3	1	180.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	12	12	11	540.00	124.35	0.00	399.18	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT (1748)	42	39	36	1,890.00	591.97	0.00	1,067.54	2.92	0.00
BLUE (BLU)	1	1	1	296.00	121.00	0.00	175.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	296.00	0.00	0.00	296.00	0.00	0.00
THERAPEUTIC APHERESIS WBC (1775)	2	2	2	592.00	121.00	0.00	471.00	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	84.19	0.00	214.81	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	299.00	0.00	0.00	299.00	0.00	0.00
THERAPEUTIC APHERESIS RBC (1776)	1	1	1	299.00	84.19	0.00	513.81	0.00	0.00
BLUE (BLU)	21	21	21	1,470.00	552.36	0.00	846.97	0.67	0.00
COMMERCIAL (COM)	6	6	5	420.00	90.76	0.00	257.76	1.48	0.00
HMO (HMO)	9	9	9	630.00	201.24	0.00	568.76	0.00	0.00
MEDICAID (MCD)	3	3	3	210.00	49.38	0.00	160.62	0.00	0.00
MEDICARE (MED)	2	2	2	140.00	54.43	0.00	155.57	0.00	0.00
PERSONAL (PER)	7	7	7	490.00	16.46	0.00	186.54	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	32	32	31	2,240.00	954.92	0.00	1,311.75	0.91	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	80	80	78	5,600.00	1,919.55	0.00	3,487.97	3.06	0.00
BLUE (BLU)	24	27	10	8,260.00	2,131.00	1,180.00	3,967.00	0.00	0.00
HMO (HMO)	5	5	3	1,475.00	475.26	0.00	999.74	0.00	0.00
MEDICAID (MCD)	6	6	2	1,770.00	1,178.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	295.00	74.93	0.00	200.96	0.00	0.00
PERSONAL (PER)	2	2	1	590.00	0.00	0.00	590.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	16	16	4	4,720.00	2,700.88	0.00	4,379.12	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 36

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
THERAPEUTIC APHERESIS PLASMA(1880)	54	57	21	17,110.00	6,560.07	1,180.00	10,136.82	0.00	0.00
BLUE (BLU)	97	95	85	7,566.00	3,080.15	0.00	4,395.45	45.37	0.00
COMMERCIAL (COM)	22	21	20	1,716.00	862.04	0.00	1,735.34	6.01	0.00
HMO (HMO)	44	42	37	3,432.00	1,284.60	0.00	2,982.46	18.45	0.00
MEDICAID (MCD)	41	41	37	3,198.00	719.81	0.00	2,966.69	4.00	0.00
MEDICARE (MED)	15	15	13	1,170.00	616.59	0.00	1,337.01	11.43	0.00
PERSONAL (PER)	38	38	35	2,964.00	147.60	0.00	1,178.40	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	143	142	119	11,154.00	3,823.77	0.00	7,365.96	15.02	0.00
PRE-COLLECTION (PRECO)	0	0	0	0.00	0.00	0.00	0.00	78.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	400	394	346	31,200.00	10,534.56	0.00	21,961.31	178.28	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	150.00	63.20	0.00	86.80	0.00	0.00
TOUCH PREP (2285)	1	1	1	150.00	63.20	0.00	86.80	0.00	0.00
BLUE (BLU)	81	70	61	14,175.00	6,971.39	0.00	6,161.61	0.00	0.00
COMMERCIAL (COM)	27	24	21	4,725.00	1,208.05	0.00	2,807.49	9.46	0.00
HMO (HMO)	42	35	33	7,350.00	1,451.65	0.00	5,348.56	13.39	0.00
MEDICAID (MCD)	23	21	20	4,025.00	839.79	0.00	3,710.21	175.00	0.00
MEDICARE (MED)	11	11	11	2,100.00	633.56	175.00	2,052.11	2.05	0.00
PERSONAL (PER)	25	22	18	4,375.00	63.86	0.00	1,861.14	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	97	90	85	17,150.00	8,107.43	175.00	10,210.84	0.78	0.00
PATH EXAM FLUID CELL BLOCK (2734)	306	273	249	53,900.00	19,275.73	350.00	32,151.96	200.68	0.00
BLUE (BLU)	5	2	2	375.00	235.00	0.00	140.00	0.00	0.00
COMMERCIAL (COM)	5	3	3	375.00	47.24	0.00	102.76	0.00	0.00
MEDICAID (MCD)	7	5	5	525.00	65.68	0.00	159.32	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	21.88	0.00	47.54	0.00	0.00
PERSONAL (PER)	1	1	1	75.00	19.60	0.00	55.40	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	8	4	4	600.00	47.24	0.00	102.76	0.00	0.00
SPECIAL STAIN - GROUP 1 (2735)	26	15	15	1,950.00	436.64	0.00	607.78	0.00	0.00
BLUE (BLU)	6	6	6	652.00	390.00	0.00	262.00	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	76.50	0.00	13.50	0.00	0.00
HMO (HMO)	1	1	1	146.00	0.00	0.00	0.00	0.00	0.00
MEDICAID (MCD)	2	2	2	236.00	77.71	0.00	157.79	0.50	0.00
MEDICARE (MED)	1	1	1	90.00	51.59	0.00	38.41	0.00	0.00
PERSONAL (PER)	1	1	1	146.00	0.00	0.00	146.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	9	9	9	978.00	336.38	0.00	349.62	0.00	0.00
MD REVIEW OF TRANSFUSION REACTION (292)	20	20	20	2,248.00	932.18	0.00	967.32	0.50	0.00
BLUE (BLU)	7	7	7	854.00	380.00	0.00	230.00	0.00	0.00
COMMERCIAL (COM)	2	2	2	244.00	36.81	0.00	69.42	0.00	0.00
HMO (HMO)	0	0	0	0.00	5.48	0.00	0.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 37
 Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS					
MEDICARE (MED)	1	1	1	122.00	36.96	0.00	85.04	0.00
PERSONAL (PER)	2	2	2	244.00	0.00	0.00	244.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	5	5	5	610.00	262.64	0.00	81.40	0.00
OPERATING ROOM CONSULTATION (2927)	17	17	17	2,074.00	721.89	0.00	709.86	0.00
BLUE (BLU)	0	1	1	190.00	10.20	190.00	0.00	0.00
HMO (HMO)	1	1	1	190.00	0.00	0.00	190.00	0.00
MEDICAID (MCD)	1	1	1	190.00	77.94	0.00	112.06	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	190.00	171.00	0.00	19.00	0.00
FLOW CYTOMETRY, 2 - 8 MARKERS (2928)	3	4	4	760.00	238.74	190.00	321.06	0.00
BLUE (BLU)	3	3	2	693.00	423.68	0.00	723.64	0.00
HMO (HMO)	1	1	1	231.00	70.79	0.00	160.21	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	2	2	462.00	72.67	0.00	620.33	0.00
FLOW CYTOMETRY, 9 - 15 MARKERS (2929)	6	6	5	1,386.00	567.14	0.00	1,504.18	0.00
BLUE (BLU)	23	22	18	9,729.00	2,658.36	0.00	6,885.98	0.00
COMMERCIAL (COM)	4	4	4	1,692.00	838.43	0.00	2,486.54	1.83
HMO (HMO)	14	15	11	6,768.00	1,644.68	846.00	6,370.62	10.44
MEDICAID (MCD)	6	6	5	2,538.00	964.19	0.00	2,842.81	0.00
MEDICARE (MED)	4	5	5	2,115.00	341.75	423.00	1,331.96	0.00
PERSONAL (PER)	5	5	4	2,115.00	42.30	0.00	2,072.70	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	24	24	24	10,152.00	2,260.29	0.00	7,002.35	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	80	81	71	35,109.00	8,750.00	1,269.00	28,992.96	12.27
BLUE (BLU)	13	13	10	2,847.00	1,285.75	0.00	1,513.10	0.00
COMMERCIAL (COM)	4	4	4	876.00	620.77	0.00	1,076.73	0.00
HMO (HMO)	6	6	6	1,314.00	440.59	0.00	1,523.48	2.00
MEDICAID (MCD)	3	3	3	657.00	376.51	0.00	718.49	0.00
MEDICARE (MED)	4	4	4	876.00	199.60	0.00	676.40	0.00
PERSONAL (PER)	2	2	2	438.00	0.00	0.00	438.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	15	15	15	3,285.00	1,112.03	0.00	2,387.80	0.00
BONE MARROW SMEAR EXAM (2935)	47	47	44	10,293.00	4,035.25	0.00	8,334.00	2.00
BLUE (BLU)	8	8	8	560.00	156.56	0.00	298.38	0.37
COMMERCIAL (COM)	4	4	4	280.00	36.18	0.00	103.08	0.74
HMO (HMO)	7	7	7	490.00	141.61	0.00	418.02	0.37
MEDICAID (MCD)	4	4	4	280.00	81.34	0.00	268.66	0.00
MEDICARE (MED)	5	5	5	350.00	111.85	0.00	310.49	1.34
PERSONAL (PER)	7	7	7	490.00	39.92	0.00	114.08	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	14	14	14	980.00	291.52	0.00	548.48	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	49	49	49	3,430.00	858.98	0.00	2,061.19	2.82
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 38

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
PQRI - BARRETT'S ESOPHAGUS (3126F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
BLUE (BLU)	7	7	7	494.00	146.26	0.00	324.13	1.61	0.00
HMO (HMO)	3	3	3	150.00	59.43	0.00	89.37	1.20	0.00
MEDICAID (MCD)	2	3	3	150.00	19.81	50.00	79.79	0.40	0.00
MEDICARE (MED)	0	0	0	0.00	15.51	0.00	30.53	0.00	0.00
PERSONAL (PER)	2	2	2	100.00	50.00	0.00	50.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	11	12	12	1,032.00	421.81	122.00	389.72	2.41	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	25	27	27	1,926.00	712.82	172.00	963.54	5.62	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRI - PROSTATE (3267F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
BLUE (BLU)	1	1	1	292.00	73.37	0.00	218.63	0.00	0.00
HMO (HMO)	0	0	0	0.00	81.82	0.00	198.18	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	119.14	0.00	160.86	0.00	0.00
MEDICARE (MED)	2	1	1	584.00	82.50	0.00	501.50	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	8	7	6	3,160.00	643.74	1,168.00	332.59	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION (	11	9	8	4,036.00	1,000.57	1,168.00	1,411.76	0.00	0.00
BLUE (BLU)	560	137	123	25,200.00	13,089.63	0.00	11,776.36	1.18	0.00
COMMERCIAL (COM)	165	34	34	7,425.00	5,077.63	0.00	3,029.85	29.41	0.00
HMO (HMO)	222	54	50	10,080.00	5,433.94	90.00	3,771.10	105.25	0.00
MEDICAID (MCD)	188	33	33	8,550.00	4,668.65	90.00	4,960.17	1.18	0.00
MEDICARE (MED)	96	29	29	4,995.00	3,009.41	675.00	1,750.55	0.44	0.00
PERSONAL (PER)	138	27	26	6,210.00	883.84	0.00	2,670.59	0.59	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	708	176	165	31,905.00	16,228.83	45.00	16,943.83	2.84	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	2,077	490	460	94,365.00	48,391.93	900.00	44,902.45	140.89	0.00
BLUE (BLU)	9	1	1	1,575.00	900.00	0.00	675.00	0.00	0.00
PROSTATE NEEDLE BIOPSY (3544)	9	1	1	1,575.00	900.00	0.00	675.00	0.00	0.00
BLUE (BLU)	1	1	1	120.00	36.17	0.00	83.83	0.00	0.00
HMO (HMO)	1	1	1	120.00	35.45	0.00	84.55	0.00	0.00
MEDICARE (MED)	1	1	1	120.00	35.59	0.00	84.41	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	52.04	0.00	187.96	0.00	0.00
ADDITIONAL ISH PROBES BASIC READ (3577)	3	3	3	360.00	159.25	0.00	440.75	0.00	0.00
BLUE (BLU)	1	1	1	98.00	34.69	0.00	63.31	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	9	6	5	882.00	88.20	0.00	303.80	0.00	0.00
ADD'L ISH PROBES BASIC READ W/QUANTIF	10	7	6	980.00	122.89	0.00	367.11	0.00	0.00
BLUE (BLU)	7	6	6	980.00	217.96	0.00	614.52	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	13	12	12	1,820.00	671.57	0.00	818.03	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3583)	20	18	18	2,800.00	889.53	0.00	1,432.55	0.00	0.00
BLUE (BLU)	30	10	9	5,400.00	1,777.18	0.00	2,695.59	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 39
 Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
		ENCOUNTERS	PATIENTS						
COMMERCIAL (COM)	3	1	1	540.00	170.13	0.00	369.87	0.00	0.00
HMO (HMO)	2	1	1	360.00	96.62	0.00	263.38	0.00	0.00
MEDICARE (MED)	5	2	2	900.00	279.02	0.00	620.98	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	13	5	5	2,340.00	823.10	0.00	1,130.18	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	53	19	18	9,540.00	3,146.05	0.00	5,080.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	1	1	360.00	379.85	0.00	160.15	0.00	0.00
PROGESTERONE RECEPTOR (PR) EACH ANTIB	2	1	1	360.00	379.85	0.00	160.15	0.00	0.00
BLUE (BLU)	17	18	18	2,304.00	803.98	0.00	1,094.42	0.00	0.00
COMMERCIAL (COM)	3	3	3	384.00	72.24	0.00	266.37	1.48	0.00
HMO (HMO)	6	6	6	768.00	220.59	0.00	549.76	1.48	0.00
MEDICAID (MCD)	1	1	1	128.00	25.83	0.00	102.17	0.00	0.00
MEDICARE (MED)	6	6	6	768.00	253.77	0.00	642.23	0.00	0.00
PERSONAL (PER)	3	3	3	384.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	24	24	24	3,072.00	986.92	0.00	1,952.69	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL (3691)	60	61	61	7,808.00	2,363.33	0.00	4,607.64	2.96	0.00
BLUE (BLU)	54	18	18	2,430.00	1,049.82	0.00	939.62	0.00	0.00
COMMERCIAL (COM)	12	4	4	540.00	259.32	0.00	210.32	5.28	0.00
HMO (HMO)	20	8	7	1,035.00	561.62	135.00	341.74	3.52	0.00
MEDICAID (MCD)	6	2	2	270.00	66.63	0.00	203.37	0.00	0.00
MEDICARE (MED)	18	6	6	810.00	602.07	0.00	342.93	0.00	0.00
PERSONAL (PER)	10	3	3	450.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	70	24	24	3,150.00	1,445.37	0.00	1,594.73	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL (3	190	65	64	8,685.00	3,984.83	135.00	3,632.71	8.80	0.00
BLUE (BLU)	5	2	2	900.00	364.57	0.00	505.00	30.43	0.00
MEDICAID (MCD)	1	1	1	180.00	49.20	0.00	130.80	0.00	0.00
HER2 IHC PER SPECIMEN EA AB (3756)	6	3	3	1,080.00	413.77	0.00	635.80	30.43	0.00
MEDICAID (MCD)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - LUNG RESECTION (G9422)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS IP (1)	13,448	9,503	9,155	2,221,198.06	857,235.89	12,822.00	1,307,851.61	1,459.12	0.00
BLUE (BLU)	20	20	20	1,620.00	489.80	0.00	950.00	0.00	0.00
COMMERCIAL (COM)	1	1	1	81.00	16.16	0.00	64.84	0.00	0.00
HMO (HMO)	2	2	2	162.00	30.70	0.00	129.68	1.62	0.00
MEDICAID (MCD)	3	3	3	243.00	46.84	0.00	115.16	0.00	0.00
PERSONAL (PER)	4	4	4	324.00	0.00	0.00	243.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	9	9	9	729.00	403.86	0.00	372.88	0.94	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 40

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT			CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	# NEW PATIENTS					
OLIGOCLOLONAL BANDS (0672)	39	39	39	3,159.00	987.36	1,875.56	2.56	0.00
BLUE (BLU)	562	563	563	38,847.00	12,417.72	23,776.93	102.67	0.00
COMMERCIAL (COM)	33	33	33	2,277.00	981.54	1,358.09	1.76	0.00
HMO (HMO)	114	114	114	7,866.00	2,361.19	6,547.32	23.59	0.00
MEDICAID (MCD)	51	51	51	3,519.00	936.10	2,711.40	8.50	0.00
MEDICARE (MED)	33	33	33	2,277.00	718.87	1,931.99	15.28	0.00
PERSONAL (PER)	24	24	24	1,656.00	25.88	1,592.52	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	927	928	927	64,032.00	17,236.31	46,047.19	74.10	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	1,744	1,746	1,745	120,474.00	34,677.61	83,965.44	225.90	0.00
BLUE (BLU)	57	57	57	4,617.00	1,027.94	3,035.83	3.40	0.00
COMMERCIAL (COM)	2	2	2	162.00	102.09	216.91	0.00	0.00
HMO (HMO)	10	10	10	810.00	238.86	874.45	4.68	0.00
MEDICAID (MCD)	5	5	5	405.00	96.30	388.70	0.50	0.00
MEDICARE (MED)	4	4	4	324.00	105.48	376.84	3.68	0.00
PERSONAL (PER)	5	5	5	405.00	6.20	534.60	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	92	92	91	7,452.00	1,479.96	6,238.64	4.23	0.00
ELECTROPHORESIS, 24-H URINE (0746)	175	175	174	14,175.00	3,056.83	11,665.97	16.49	0.00
BLUE (BLU)	55	55	55	4,455.00	1,024.89	3,154.26	3.10	0.00
COMMERCIAL (COM)	5	5	5	405.00	120.96	300.24	0.00	0.00
HMO (HMO)	9	9	9	729.00	206.15	626.87	1.48	0.00
MEDICAID (MCD)	7	7	7	567.00	104.51	381.49	0.00	0.00
MEDICARE (MED)	7	7	7	567.00	105.27	376.74	0.30	0.00
PERSONAL (PER)	2	2	2	162.00	0.00	162.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	94	94	94	7,614.00	1,984.98	5,820.27	9.82	0.00
ELECTROPHORESIS, RANDOM URINE (0748)	179	179	179	14,499.00	3,546.76	10,821.87	14.70	0.00
BLUE (BLU)	288	288	288	20,160.00	6,476.66	12,080.45	0.00	0.00
COMMERCIAL (COM)	19	19	19	1,330.00	438.65	815.35	1.39	0.00
HMO (HMO)	49	49	49	3,430.00	1,021.56	2,842.11	11.77	0.00
MEDICAID (MCD)	29	29	29	2,030.00	574.44	1,595.56	0.00	0.00
MEDICARE (MED)	22	22	22	1,540.00	440.72	1,244.23	2.39	0.00
PERSONAL (PER)	10	10	10	700.00	22.08	649.92	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	463	464	463	32,480.00	10,863.25	19,418.27	17.77	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	880	881	880	61,670.00	19,837.36	38,645.89	33.32	0.00
BLUE (BLU)	5	3	3	500.00	98.00	304.00	0.00	0.00
PERSONAL (PER)	2	1	1	200.00	0.00	0.00	0.00	0.00
CYTOPATH EXAM SMEAR INTERPRET (1631)	7	4	4	700.00	98.00	304.00	0.00	0.00
BLUE (BLU)	249	217	217	52,368.00	22,022.39	26,494.48	1.51	0.00
COMMERCIAL (COM)	34	25	25	7,048.00	1,907.71	4,791.65	7.43	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 41
 Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
HMO (HMO)	98	73	73	20,280.00	3,218.59	0.00	18,931.34	17.73	0.00
MEDICAID (MCD)	59	46	46	12,236.00	3,090.41	0.00	8,460.89	3.00	0.00
MEDICARE (MED)	37	20	20	7,684.00	1,006.62	0.00	6,629.46	19.73	0.00
PERSONAL (PER)	23	19	19	5,006.00	605.88	212.00	3,302.92	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	334	284	284	70,163.00	24,862.77	1,060.00	46,083.34	2.86	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163)	834	684	684	174,787.00	56,714.37	1,908.00	114,694.08	52.26	0.00
BLUE (BLU)	7	4	4	1,400.00	63.98	0.00	926.02	0.00	0.00
COMMERCIAL (COM)	1	1	1	200.00	67.46	0.00	732.54	0.00	0.00
HMO (HMO)	3	3	3	600.00	112.23	0.00	489.61	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	2	2	400.00	193.65	0.00	206.35	0.00	0.00
FNA IMMEDIATE EVALUATION (1646)	13	10	10	2,600.00	437.32	0.00	2,354.52	0.00	0.00
BLUE (BLU)	403	306	306	87,628.00	40,752.32	211.00	38,172.86	2.64	0.00
COMMERCIAL (COM)	40	31	31	8,648.00	3,746.35	0.00	5,155.42	23.03	0.00
HMO (HMO)	105	77	77	22,747.00	7,953.07	0.00	16,400.36	51.28	0.00
MEDICAID (MCD)	41	28	28	8,827.00	2,229.04	0.00	7,436.46	5.50	0.00
MEDICARE (MED)	34	18	18	7,462.00	2,357.74	0.00	4,990.54	2.34	0.00
PERSONAL (PER)	30	23	23	6,602.00	651.82	0.00	4,419.98	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	486	355	355	105,658.00	41,509.72	0.00	63,564.76	4.56	0.00
PRE-COLLECTION (PRECO)	0	0	0	0.00	0.00	0.00	844.00	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET (1647)	1,139	838	838	247,572.00	99,200.06	211.00	140,984.38	89.35	0.00
BLUE (BLU)	17	17	17	731.00	342.63	0.00	412.38	14.79	0.00
COMMERCIAL (COM)	5	5	5	215.00	116.63	0.00	51.50	3.87	0.00
HMO (HMO)	3	3	3	129.00	16.65	0.00	154.96	0.39	0.00
MEDICAID (MCD)	10	10	10	430.00	50.99	0.00	379.01	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	1.84	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	34	33	33	1,505.00	528.61	43.00	1,031.24	16.69	0.00
PATH EXAM LEVEL I SPECIMEN (1687)	69	68	68	3,010.00	1,057.35	43.00	2,029.09	35.74	0.00
BLUE (BLU)	280	252	252	21,560.00	9,355.01	0.00	12,128.46	69.03	0.00
COMMERCIAL (COM)	49	45	45	3,773.00	1,447.08	0.00	2,741.40	12.55	0.00
HMO (HMO)	41	38	38	3,157.00	339.85	0.00	3,568.96	18.19	0.00
MEDICAID (MCD)	78	66	66	6,006.00	576.34	0.00	5,350.66	2.00	0.00
MEDICARE (MED)	11	9	9	847.00	65.57	0.00	627.12	4.75	0.00
PERSONAL (PER)	17	17	17	1,309.00	972.40	0.00	490.60	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	295	268	268	22,715.00	9,623.67	0.00	12,776.32	89.17	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	771	695	695	59,367.00	22,379.92	0.00	37,683.52	195.69	0.00
BLUE (BLU)	1,106	994	994	122,210.00	63,075.11	550.00	58,839.31	128.50	0.00
COMMERCIAL (COM)	126	112	112	13,970.00	3,326.24	110.00	10,030.26	41.44	0.00
HMO (HMO)	143	132	132	15,730.00	2,474.73	0.00	19,886.50	324.64	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 42

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT			CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	# NEW PATIENTS						
MEDICAID (MCD)	182	165	165	20,130.00	2,431.75	110.00	17,910.90	8.00	0.00
MEDICARE (MED)	12	12	12	1,430.00	269.26	110.00	1,965.91	9.40	0.00
PERSONAL (PER)	87	81	81	9,570.00	1,580.17	0.00	4,849.59	1.24	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1,183	1,098	1,098	130,460.00	65,991.55	330.00	65,395.94	206.51	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	2,839	2,594	2,594	313,500.00	139,148.81	1,210.00	178,878.41	719.73	0.00
BLUE (BLU)	13,277	7,880	7,880	2,325,127.00	1,190,500.26	1,575.00	1,031,073.59	74.81	0.00
CHAMPUS (CHA)	1	1	1	175.00	0.00	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	1,631	924	924	285,963.00	101,006.48	350.00	177,655.13	338.24	0.00
HMO (HMO)	2,147	1,232	1,232	376,075.00	120,808.62	525.00	348,453.94	2,024.81	0.00
MEDICAID (MCD)	1,571	762	762	275,100.00	64,673.61	175.00	223,270.25	101.83	0.00
MEDICARE (MED)	558	319	319	98,175.00	25,414.31	525.00	89,335.94	47.64	0.00
PERSONAL (PER)	557	341	341	97,825.00	8,793.00	350.00	64,375.60	2.56	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	15,523	9,233	9,231	2,717,844.00	1,580,741.40	1,068.25	1,110,992.46	949.74	0.00
PRE-COLLECTION (PRECO)	1	1	1	175.00	200.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	35,266	20,693	20,691	6,176,459.00	3,092,137.68	4,568.25	3,045,156.91	3,539.63	0.00
BLUE (BLU)	925	716	716	258,795.00	146,082.71	1,370.00	100,357.92	2.41	0.00
COMMERCIAL (COM)	110	85	85	31,190.00	11,044.97	0.00	21,260.31	58.59	0.00
HMO (HMO)	156	113	113	44,490.00	15,893.74	1,101.00	36,018.24	60.53	0.00
MEDICAID (MCD)	104	92	92	29,658.00	6,048.61	807.00	22,962.02	6.90	0.00
MEDICARE (MED)	56	34	34	15,639.00	5,495.02	0.00	12,184.33	4.14	0.00
PERSONAL (PER)	52	48	48	14,588.00	1,925.96	0.00	10,549.04	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1,045	792	792	292,773.00	118,272.01	1,933.00	173,145.98	6.39	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	2,448	1,880	1,880	687,133.00	304,763.02	5,211.00	376,477.84	138.96	0.00
BLUE (BLU)	111	106	106	47,583.00	24,051.42	0.00	20,112.42	3.06	0.00
COMMERCIAL (COM)	14	15	15	6,485.00	1,921.63	435.00	2,697.40	9.17	0.00
HMO (HMO)	19	19	19	8,201.00	4,041.93	0.00	7,868.22	9.17	0.00
MEDICAID (MCD)	17	17	17	7,307.00	1,503.04	0.00	5,329.31	1.00	0.00
MEDICARE (MED)	10	10	10	4,203.00	1,899.26	0.00	3,246.74	2.44	0.00
PERSONAL (PER)	6	5	5	2,586.00	85.40	0.00	427.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	124	123	123	53,708.00	19,959.52	427.00	30,275.08	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	301	295	295	130,073.00	53,462.20	862.00	69,956.17	24.84	0.00
BLUE (BLU)	195	155	155	10,561.60	3,954.59	0.00	6,378.28	0.21	0.00
COMMERCIAL (COM)	27	25	25	1,554.00	382.96	0.00	1,004.72	50.90	0.00
HMO (HMO)	42	37	36	2,284.00	610.26	0.00	1,759.23	8.61	0.00
MEDICAID (MCD)	27	27	27	1,427.00	224.38	0.00	1,061.62	0.00	0.00
MEDICARE (MED)	15	12	12	848.00	256.31	0.00	785.35	0.00	0.00
PERSONAL (PER)	15	15	15	814.00	92.30	0.00	561.10	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	246	208	208	12,965.00	3,448.40	0.00	8,800.77	2.11	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 43

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
DECALCIFICATION PROCEDURE (1698)	567	479	478	30,453.60	8,969.20	0.00	20,351.07	39.97-	0.00
BLUE (BLU)	268	185	185	23,220.00	10,711.29	150.00	9,153.41	0.45	0.00
COMMERCIAL (COM)	27	20	20	2,484.00	734.38	0.00	1,553.76	7.06	0.00
HMO (HMO)	62	33	33	5,163.00	2,066.09	0.00	4,187.45	8.40	0.00
MEDICAID (MCD)	44	33	33	3,786.00	969.47	0.00	3,458.37	0.56	0.00
MEDICARE (MED)	16	15	15	1,335.00	483.31	0.00	977.76	2.47	0.00
PERSONAL (PER)	29	20	20	2,472.00	303.74	0.00	1,292.71	0.45	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	329	233	233	27,693.00	10,033.50	75.00	17,393.55	3.63	0.00
SPECIAL STAIN - GROUP 1 (1699)	775	539	539	66,153.00	25,301.78	225.00	38,017.01	23.02	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	6	3	3	450.00	36.53	0.00	413.47	0.00	0.00
SPECIAL STAIN - GROUP 2 (1701)	6	3	3	450.00	36.53	0.00	413.47	0.00	0.00
BLUE (BLU)	323	146	145	24,225.00	6,354.03	0.00	17,560.20	1.47	0.00
COMMERCIAL (COM)	54	28	28	4,050.00	1,140.18	0.00	2,886.35	2.75	0.00
HMO (HMO)	53	30	30	4,125.00	785.33	150.00	3,833.02	5.24	0.00
MEDICAID (MCD)	47	25	25	3,600.00	434.32	75.00	3,097.71	0.00	0.00
MEDICARE (MED)	16	10	10	1,350.00	236.87	150.00	1,130.11	0.00	0.00
PERSONAL (PER)	28	11	11	2,175.00	15.00	75.00	1,695.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	344	182	182	26,175.00	6,010.84	375.00	20,827.60	2.41	0.00
SPECIAL STAIN - GROUP 2 (1703)	865	432	431	65,700.00	14,976.57	825.00	51,029.99	11.87	0.00
BLUE (BLU)	5	5	5	1,275.00	376.20	0.00	624.00	0.00	0.00
COMMERCIAL (COM)	2	2	2	510.00	148.99	0.00	331.14	3.04	0.00
HMO (HMO)	1	1	1	255.00	175.87	0.00	498.55	1.78	0.00
MEDICAID (MCD)	1	1	1	255.00	104.96	0.00	405.04	0.00	0.00
MEDICARE (MED)	7	7	7	1,785.00	527.43	0.00	1,002.57	0.00	0.00
PERSONAL (PER)	1	1	1	255.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	4	4	4	1,020.00	382.40	0.00	891.71	0.89	0.00
CASE CONSULTATION-COMPLEX (1712)	21	21	21	5,355.00	1,715.85	0.00	3,753.01	5.71	0.00
BLUE (BLU)	0	1	1	330.00	0.00	330.00	0.00	0.00	0.00
OUTSIDE CASE CONSULT COMPREHENSIVE (1713)	0	1	1	330.00	0.00	330.00	0.00	0.00	0.00
BLUE (BLU)	5	5	5	870.00	261.27	427.00	483.04	3.69	0.00
HMO (HMO)	1	1	1	252.00	36.50	0.00	215.50	0.00	0.00
OPERATING ROOM CONSULTATION (1714)	6	6	6	1,122.00	297.77	427.00	698.54	3.69	0.00
BLUE (BLU)	144	131	131	30,261.00	15,982.79	200.00	14,688.67	2.03	0.00
COMMERCIAL (COM)	16	11	11	3,476.00	1,002.84	0.00	2,492.48	14.27	0.00
HMO (HMO)	51	34	34	10,752.00	3,554.48	0.00	8,165.32	23.41	0.00
MEDICAID (MCD)	8	7	7	1,646.00	324.47	0.00	1,075.53	0.00	0.00
MEDICARE (MED)	14	9	9	2,959.00	1,405.89	0.00	2,987.44	7.23	0.00
PERSONAL (PER)	6	5	5	1,315.00	153.87	0.00	692.13	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 44
 Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS					
PREFERRED PROVIDER ORGANIZATION (PPO)	219	155	155	45,881.00	18,694.67	0.00	24,828.62	0.00
PRE-COLLECTION (PRECO)	0	0	0	0.00	200.00	0.00	0.00	0.00
FROZEN SECTION EXAM (1715)	458	352	352	96,290.00	41,319.01	200.00	54,930.19	46.94
BLUE (BLU)	33	28	28	4,607.00	1,602.70	172.00	2,724.05	0.00
HMO (HMO)	13	10	10	1,944.00	365.08	0.00	1,184.92	0.64
MEDICARE (MED)	4	4	4	714.00	201.87	172.00	549.81	1.02
PERSONAL (PER)	1	1	1	172.00	0.00	0.00	172.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	32	27	27	4,409.00	1,391.70	0.00	2,782.58	0.32
FROZEN SECTION EXAM-ADDITIONAL (1716)	83	70	70	11,846.00	3,561.35	344.00	7,413.36	1.98
BLUE (BLU)	1,396	1,258	1,256	198,294.00	81,482.66	452.00	99,821.05	25.68
COMMERCIAL (COM)	159	144	143	23,322.00	6,585.18	162.00	14,896.99	33.98
HMO (HMO)	275	255	250	39,786.00	10,993.80	896.00	30,364.51	55.95
MEDICAID (MCD)	178	162	162	25,216.00	5,618.34	0.00	19,591.79	0.50
MEDICARE (MED)	116	101	101	16,788.00	4,638.51	128.00	13,081.40	4.43
PERSONAL (PER)	90	84	84	12,948.00	675.82	0.00	7,337.58	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1,588	1,446	1,442	227,132.00	77,928.54	776.00	136,421.47	20.20
PRE-COLLECTION (PRECO)	1	1	1	120.00	0.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	3,803	3,451	3,439	543,606.00	187,922.85	2,414.00	321,514.79	140.74
BLUE (BLU)	0	0	0	0.00	35.00	0.00	0.00	0.00
IMMUNOFLUORESCENT STUDY (1721)	0	0	0	0.00	35.00	0.00	0.00	0.00
BLUE (BLU)	0	0	0	0.00	237.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	180.00	55.80	0.00	124.20	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	170.00	81.05	0.00	226.90	0.00
IHC STAINS (ER/PR/HER-2NEU) (1732)	2	2	2	350.00	373.85	0.00	351.10	0.00
BLUE (BLU)	2	2	2	360.00	130.00	0.00	230.00	0.00
HMO (HMO)	1	1	1	196.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	2	2	2	376.00	89.98	0.00	286.02	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	3	3	3	588.00	33.62	0.00	341.11	196.00
INITIAL ISH PROBE BASIC READ (1734)	8	8	8	1,520.00	253.60	0.00	857.13	196.00
BLUE (BLU)	35	35	35	1,575.00	430.90	0.00	845.54	13.81
COLLECTION (COL)	1	1	1	45.00	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	5	5	5	225.00	105.07	0.00	110.72	1.11
HMO (HMO)	4	3	3	180.00	91.67	0.00	136.73	2.25
MEDICAID (MCD)	3	3	3	135.00	77.55	0.00	101.45	1.00
MEDICARE (MED)	1	1	1	45.00	18.16	0.00	26.84	0.00
PERSONAL (PER)	6	6	6	270.00	23.08	0.00	102.92	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	44	43	43	1,980.00	703.10	0.00	1,328.29	45.54
JOINT FLUID EXAM/CRYSTAL IDENT (1748)	99	97	97	4,455.00	1,449.53	0.00	2,652.49	63.71

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 45

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS						
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	92.17	0.00	206.83	0.00	0.00
THERAPEUTIC APHERESIS RBC (1776)	0	0	0	0.00	92.17	0.00	206.83	0.00	0.00
BLUE (BLU)	48	48	48	3,360.00	819.04	0.00	2,090.03	1.30	0.00
COMMERCIAL (COM)	2	2	2	140.00	97.74	0.00	182.26	0.00	0.00
HMO (HMO)	9	10	10	700.00	220.02	70.00	669.29	1.85	0.00
MEDICAID (MCD)	4	4	4	280.00	81.34	0.00	268.66	0.00	0.00
MEDICARE (MED)	3	3	3	210.00	72.59	0.00	207.41	0.00	0.00
PERSONAL (PER)	2	2	2	140.00	0.00	0.00	126.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	82	82	81	5,740.00	2,181.33	0.00	3,489.72	4.34	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	150	151	150	10,570.00	3,472.06	70.00	7,033.37	7.49	0.00
BLUE (BLU)	10	10	10	2,950.00	654.00	0.00	1,116.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	5	6	6	1,770.00	214.63	295.00	873.20	0.00	0.00
THERAPEUTIC APHERESIS PLASMA (1880)	15	16	16	4,720.00	868.63	295.00	1,989.20	0.00	0.00
BLUE (BLU)	199	195	195	15,522.00	5,810.28	0.00	9,136.38	14.30	0.00
CHAMPUS (CHA)	1	1	1	78.00	0.00	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	22	23	21	1,794.00	434.98	78.00	930.40	1.33	0.00
HMO (HMO)	34	34	34	2,652.00	877.17	0.00	1,933.41	20.21	0.00
MEDICAID (MCD)	31	31	31	2,418.00	491.27	0.00	1,924.23	2.50	0.00
MEDICARE (MED)	28	28	28	2,184.00	69.19	0.00	2,889.78	0.00	0.00
PERSONAL (PER)	26	26	26	2,028.00	183.90	0.00	1,265.50	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	218	213	213	17,004.00	1,975.66	0.00	14,248.56	14.25	0.00
PERIPHERIAL BLOOD SMEAR EXAM (2244)	559	551	549	43,680.00	9,842.45	78.00	32,328.26	49.93	0.00
BLUE (BLU)	217	153	153	37,975.00	18,678.15	0.00	16,766.78	2.21	0.00
COMMERCIAL (COM)	23	21	21	4,025.00	1,618.84	0.00	3,243.05	9.21	0.00
HMO (HMO)	56	45	45	9,800.00	2,952.10	0.00	9,396.81	15.69	0.00
MEDICAID (MCD)	25	19	19	4,375.00	822.74	0.00	4,059.76	0.00	0.00
MEDICARE (MED)	24	15	15	4,550.00	956.53	350.00	3,398.12	0.63	0.00
PERSONAL (PER)	18	16	16	3,325.00	584.34	175.00	2,810.66	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	306	231	231	53,550.00	29,074.86	0.00	23,014.74	0.58	0.00
PRE-COLLECTION (PRECO)	0	0	0	0.00	0.00	0.00	700.00	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	669	500	500	117,600.00	54,687.56	525.00	63,389.92	28.32	0.00
BLUE (BLU)	12	7	7	900.00	564.00	0.00	336.00	0.00	0.00
MEDICAID (MCD)	4	3	3	300.00	32.84	0.00	117.16	0.00	0.00
MEDICARE (MED)	1	1	1	75.00	27.55	0.00	47.45	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	12	6	6	900.00	160.84	0.00	572.40	0.56	0.00
SPECIAL STAIN - GROUP 1 (2735)	29	17	17	2,175.00	785.23	0.00	1,073.01	0.56	0.00
BLUE (BLU)	3	3	3	270.00	195.00	0.00	75.00	0.00	0.00
MEDICAID (MCD)	1	1	1	90.00	51.53	0.00	38.47	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 46

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER		WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS			
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	90.00	60.00	0.00	30.00	0.00	0.00	
MD REVIEW OF TRANSFUSION REACTION(292)	5	5	5	450.00	306.53	0.00	143.47	0.00	0.00	
BLUE(BLU)	11	11	11	1,342.00	712.77	0.00	460.00	0.00	0.00	
COMMERCIAL(COM)	2	2	2	244.00	0.00	0.00	0.00	0.00	0.00	
HMO(HMO)	4	4	4	488.00	110.43	0.00	254.82	0.75	0.00	
MEDICARE(MED)	0	0	0	0.00	36.82	0.00	85.18	0.00	0.00	
PERSONAL(PER)	1	1	1	122.00	0.00	0.00	122.00	0.00	0.00	
PREFERRED PROVIDER ORGANIZATION(PPO)	13	13	13	1,586.00	761.24	0.00	853.86	0.00	0.00	
OPERATING ROOM CONSULTATION(2927)	31	31	31	3,782.00	1,621.26	0.00	1,775.86	0.75	0.00	
PERSONAL(PER)	1	1	1	190.00	19.00	0.00	171.00	0.00	0.00	
FLOW CYTOMETRY, 2 - 8 MARKERS (2928)	1	1	1	190.00	19.00	0.00	171.00	0.00	0.00	
BLUE(BLU)	5	5	5	1,155.00	410.55	0.00	726.82	0.00	0.00	
HMO(HMO)	2	2	2	462.00	145.34	0.00	315.18	1.48	0.00	
PREFERRED PROVIDER ORGANIZATION(PPO)	9	9	9	2,079.00	669.76	0.00	932.18	0.00	0.00	
FLOW CYTOMETRY, 9 - 15 MARKERS(2929)	16	16	16	3,696.00	1,225.65	0.00	1,974.18	1.48	0.00	
BLUE(BLU)	100	97	97	42,300.00	10,704.48	0.00	32,607.41	1.83	0.00	
COMMERCIAL(COM)	8	9	8	3,807.00	1,185.75	423.00	2,952.07	1.83	0.00	
HMO(HMO)	25	28	25	11,844.00	2,011.55	1,269.00	9,392.66	7.75	0.00	
MEDICAID(MCD)	11	11	11	4,653.00	1,203.67	0.00	3,872.33	0.00	0.00	
MEDICARE(MED)	6	6	6	2,538.00	524.58	0.00	2,399.84	0.00	0.00	
PERSONAL(PER)	10	10	10	4,230.00	187.40	0.00	4,381.00	0.00	0.00	
PREFERRED PROVIDER ORGANIZATION(PPO)	132	129	129	55,836.00	13,709.73	0.00	41,661.47	4.76	0.00	
FLOW CYTOMETRY, 16 OR MORE MARKERS(29)	292	290	286	125,208.00	29,527.16	1,692.00	97,266.78	16.17	0.00	
BLUE(BLU)	112	103	103	29,213.00	7,948.48	209.00	18,722.87	0.20	0.00	
COMMERCIAL(COM)	19	18	18	4,990.00	1,566.32	344.00	2,979.79	13.77	0.00	
HMO(HMO)	13	14	13	3,601.00	1,734.44	209.00	3,141.56	10.41	0.00	
MEDICAID(MCD)	5	5	5	1,315.00	375.16	0.00	1,086.84	1.00	0.00	
MEDICARE(MED)	43	41	40	11,835.00	3,930.49	688.00	8,317.80	17.32	0.00	
PERSONAL(PER)	2	2	2	553.00	289.79	0.00	681.21	0.00	0.00	
PREFERRED PROVIDER ORGANIZATION(PPO)	108	108	107	28,990.00	11,166.13	418.00	14,637.85	7.66	0.00	
OUTSIDE CASE CONSULTATION(2931)	302	291	288	80,497.00	27,010.81	1,868.00	49,567.92	50.36	0.00	
BLUE(BLU)	39	39	39	8,541.00	4,163.85	0.00	4,649.30	0.00	0.00	
COMMERCIAL(COM)	5	5	5	1,095.00	492.43	0.00	779.84	0.00	0.00	
HMO(HMO)	16	16	16	3,504.00	744.61	0.00	2,535.35	5.04	0.00	
MEDICAID(MCD)	5	5	5	1,095.00	409.65	0.00	904.35	0.00	0.00	
MEDICARE(MED)	4	4	4	876.00	187.43	0.00	676.40	2.03	0.00	
PERSONAL(PER)	5	5	5	1,095.00	21.90	0.00	1,248.30	0.00	0.00	
PREFERRED PROVIDER ORGANIZATION(PPO)	65	65	65	14,235.00	4,798.71	0.00	9,403.83	1.50	0.00	

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 47
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
BONE MARROW SMEAR EXAM(2935)	139	139	139	30,441.00	10,818.58	0.00	20,197.37	8.57	0.00
BLUE (BLU)	54	54	54	3,780.00	1,007.59	0.00	2,391.66	0.00	0.00
COMMERCIAL (COM)	5	5	5	350.00	91.64	0.00	202.36	0.00	0.00
HMO (HMO)	8	8	8	560.00	163.56	0.00	465.33	1.11	0.00
MEDICAID (MCD)	6	6	6	420.00	88.55	0.00	261.45	0.00	0.00
MEDICARE (MED)	7	7	7	490.00	105.27	0.00	310.74	0.30	0.00
PERSONAL (PER)	2	2	2	140.00	0.00	0.00	140.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	85	85	85	5,950.00	2,614.75	0.00	3,076.13	1.19	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	167	167	167	11,690.00	4,071.36	0.00	6,847.67	2.60	0.00
MEDICARE (MED)	17	17	17	0.17	0.00	0.00	0.00	0.19	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRI - BARRETT'S ESOPHAGUS (3126F)	19	19	19	0.19	0.00	0.00	0.00	0.21	0.00
BLUE (BLU)	89	92	87	7,746.00	1,395.28	222.00	4,346.30	24.80	0.00
COMMERCIAL (COM)	10	10	10	644.00	295.05	0.00	346.60	2.35	0.00
HMO (HMO)	19	21	21	1,770.00	308.48	50.00	846.19	2.40	0.00
MEDICAID (MCD)	13	13	13	938.00	0.00	0.00	966.00	0.00	0.00
MEDICARE (MED)	14	14	14	988.00	304.74	0.00	739.11	5.95	0.00
PERSONAL (PER)	6	6	6	516.00	100.00	0.00	100.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	109	109	109	8,258.00	3,033.14	0.00	4,503.58	8.56	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	260	265	260	20,860.00	5,436.69	272.00	11,847.78	44.06	0.00
BLUE (BLU)	9	2	2	891.00	22.54	0.00	76.00	0.46	0.00
COMMERCIAL (COM)	1	1	1	99.00	19.31	0.00	79.69	0.00	0.00
HMO (HMO)	2	2	2	297.00	56.55	99.00	152.66	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	4	2	2	396.00	225.26	0.00	170.74	0.00	0.00
FNA IMMEDIATE/ADDITIONAL EVALUATION(3	16	7	7	1,683.00	323.66	99.00	479.09	0.46	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.05	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	3	3	3	0.03	0.00	0.00	0.00	0.05	0.00
BLUE (BLU)	5	3	3	852.00	308.00	0.00	252.00	0.00	0.00
COMMERCIAL (COM)	4	3	3	864.00	160.04	0.00	682.74	0.84	0.00
HMO (HMO)	4	4	4	1,156.00	123.24	292.00	447.08	1.68	0.00
PERSONAL (PER)	2	1	1	280.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	10	9	9	2,836.00	901.24	700.00	1,177.20	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	25	20	20	5,988.00	1,492.52	992.00	2,559.02	2.52	0.00
MEDICARE (MED)	8	8	8	0.08	0.00	0.00	0.00	0.07	0.00
PQRS HER 2 IHC(3394F)	8	8	8	0.08	0.00	0.00	0.00	0.07	0.00
BLUE (BLU)	1,359	377	377	61,155.00	29,025.15	0.00	25,722.83	40.69	0.00
COMMERCIAL (COM)	238	54	54	10,710.00	5,070.28	45.00	3,964.11	42.56	0.00
HMO (HMO)	448	115	112	20,430.00	13,465.15	270.00	9,025.13	104.75	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 48

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICAID (MCD)	171	42	42	7,695.00	3,751.20	0.00	3,718.80	0.00	0.00
MEDICARE (MED)	203	60	60	11,205.00	7,015.51	2,070.00	4,206.50	2.09	0.00
PERSONAL (PER)	155	32	32	6,975.00	806.37	0.00	3,887.13	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1,897	523	520	85,500.00	39,141.73	125.00	39,669.16	26.57	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	4,471	1,203	1,197	203,670.00	98,275.39	2,510.00	90,193.66	135.28	0.00
BLUE (BLU)	1,097	100	97	191,975.00	87,246.23	0.00	108,980.34	3.67	0.00
COMMERCIAL (COM)	124	12	12	21,700.00	8,691.25	0.00	10,876.40	18.85	0.00
HMO (HMO)	128	14	14	22,400.00	4,762.14	0.00	13,687.67	14.31	0.00
MEDICAID (MCD)	12	1	1	2,100.00	371.50	0.00	1,728.50	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	2,100.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1,177	108	108	205,975.00	113,780.92	0.00	76,851.50	0.00	0.00
PROSTATE NEEDLE BIOPSY (3544)	2,538	235	232	444,150.00	214,852.04	0.00	214,224.41	36.83	0.00
BLUE (BLU)	1	1	1	120.00	26.86	0.00	93.14	0.00	0.00
HMO (HMO)	1	1	1	120.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	2	2	2	240.00	71.18	0.00	168.82	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	120.00	16.98	0.00	103.02	120.00	0.00
ADDITIONAL ISH PROBES BASIC READ (3577)	5	5	5	600.00	115.02	0.00	364.98	120.00	0.00
BLUE (BLU)	3	2	2	294.00	69.38	0.00	126.62	0.00	0.00
COMMERCIAL (COM)	2	2	2	196.00	57.20	0.00	138.14	0.66	0.00
HMO (HMO)	2	3	3	294.00	32.39	98.00	65.61	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	3	3	3	392.00	88.20	98.00	9.80	0.00	0.00
ADD'L ISH PROBES BASIC READ W/QUANTIF	10	10	10	1,176.00	247.17	196.00	340.17	0.66	0.00
BLUE (BLU)	60	38	38	8,400.00	2,308.82	0.00	6,222.34	0.00	0.00
COMMERCIAL (COM)	21	10	10	2,940.00	846.42	0.00	774.45	2.43	0.00
HMO (HMO)	24	11	11	3,360.00	807.69	0.00	2,005.76	2.43	0.00
MEDICAID (MCD)	1	2	2	560.00	0.00	420.00	0.00	0.00	0.00
MEDICARE (MED)	13	8	8	1,820.00	477.00	0.00	1,203.00	0.00	0.00
PERSONAL (PER)	4	1	1	560.00	158.24	0.00	401.76	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	101	56	56	14,560.00	5,128.30	420.00	8,269.59	1.20	0.00
IMMUNOCYTOCHEMISTRY STAIN (3583)	224	126	126	32,200.00	9,726.47	840.00	18,876.90	6.06	0.00
BLUE (BLU)	304	110	110	54,720.00	20,979.43	0.00	31,522.96	2.27	0.00
COMMERCIAL (COM)	23	6	6	4,140.00	1,927.48	0.00	3,634.73	10.05	0.00
HMO (HMO)	86	31	31	15,480.00	4,441.59	0.00	11,340.50	21.51	0.00
MEDICAID (MCD)	21	8	8	3,780.00	778.62	0.00	2,101.38	0.00	0.00
MEDICARE (MED)	29	10	10	5,220.00	1,693.06	0.00	3,729.28	0.00	0.00
PERSONAL (PER)	3	1	1	540.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	387	127	127	69,660.00	22,529.78	0.00	46,339.52	0.30	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	853	293	293	153,540.00	52,349.96	0.00	98,668.37	34.13	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 49

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT			CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	# NEW PATIENTS					
BLUE (BLU)	5	3	3	900.00	0.00	202.00	0.00	0.00
PROGESTERONE RECEPTOR (PR) EACH ANTIB	5	3	3	900.00	0.00	202.00	0.00	0.00
BLUE (BLU)	37	37	37	4,736.00	2,527.36	2,343.44	0.00	0.00
COMMERCIAL (COM)	4	4	4	512.00	165.10	201.48	1.10	0.00
HMO (HMO)	12	12	12	1,536.00	592.46	1,193.38	0.74	0.00
MEDICAID (MCD)	5	5	5	640.00	130.97	501.16	0.50	0.00
MEDICARE (MED)	1	1	1	128.00	36.27	91.73	0.00	0.00
PERSONAL (PER)	3	3	3	384.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	35	36	36	4,608.00	1,602.63	2,724.14	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL (3691)	97	98	98	12,544.00	5,054.79	7,055.33	2.34	0.00
BLUE (BLU)	119	39	39	5,355.00	2,872.95	2,566.84	0.00	0.00
COMMERCIAL (COM)	12	4	4	540.00	271.30	113.85	2.64	0.00
HMO (HMO)	34	11	11	1,530.00	1,121.82	731.60	1.76	0.00
MEDICAID (MCD)	15	5	5	675.00	333.72	323.64	0.00	0.00
MEDICARE (MED)	3	2	2	270.00	86.79	48.21	0.00	0.00
PERSONAL (PER)	9	3	3	405.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	114	41	41	5,535.00	2,383.43	2,447.31	1.70	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL (3)	306	105	105	14,310.00	7,070.01	6,231.45	6.10	0.00
BLUE (BLU)	10	8	8	1,790.00	699.15	1,000.00	0.00	0.00
HMO (HMO)	4	3	3	900.00	103.89	131.69	0.00	0.00
MEDICAID (MCD)	1	1	1	180.00	47.77	132.23	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	5	5	5	900.00	187.74	532.26	0.00	0.00
HER2 IHC PER SPECIMEN EA AB (3756)	20	17	17	3,770.00	1,038.55	1,796.18	0.00	0.00
PERSONAL (PER)	13	13	1	0.00	2,816.72	2,969.70	0.00	0.00
DEFAULT PROCEDURE (9999)	13	13	1	0.00	2,816.72	2,969.70	0.00	0.00
MEDICARE (MED)	13	13	13	2,000.00	2,115.60	34.40	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS (G0)	13	13	13	2,000.00	2,115.60	34.40	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.03	0.00
PQRS - LUNG BX/CYTOLOGY (G9418)	3	3	3	0.03	0.00	0.00	0.03	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.01	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	1	1	1	0.01	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.01	0.00
PQR1 - MELANOMA CUTANEOUS (G9428)	1	1	1	0.01	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS OP (2)	64,663	40,865	40,810	10,168,898.95	4,662,980.58	29,271.25	5,351,344.68	6,097.91
BLUE (BLU)	55	56	55	3,864.00	1,549.49	2,302.54	5.02	0.00
COMMERCIAL (COM)	1	1	1	69.00	0.00	0.00	0.00	0.00
HMO (HMO)	7	7	7	483.00	128.13	354.87	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 50

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT	# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS			
MEDICARE (MED)	3	3	3	207.00	54.72	0.00	151.98	0.30	0.00
PERSONAL (PER)	1	1	1	69.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	83	83	83	5,727.00	1,682.08	0.00	3,777.12	0.84	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	150	151	150	10,419.00	3,414.42	69.00	6,586.51	6.16	0.00
BLUE (BLU)	6	6	6	486.00	155.00	0.00	300.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	11	11	11	891.00	155.81	0.00	894.12	4.96	0.00
ELECTROPHORESIS, 24-H URINE (0746)	17	17	17	1,377.00	310.81	0.00	1,194.12	4.96	0.00
BLUE (BLU)	8	8	8	648.00	230.44	0.00	493.54	0.37	0.00
HMO (HMO)	1	1	1	81.00	18.09	0.00	62.91	0.00	0.00
MEDICARE (MED)	1	1	1	81.00	18.16	0.00	62.54	0.30	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	12	12	12	972.00	373.63	0.00	679.37	0.00	0.00
ELECTROPHORESIS, RANDOM URINE (0748)	22	22	22	1,782.00	640.32	0.00	1,298.36	0.67	0.00
BLUE (BLU)	32	32	32	2,240.00	904.49	0.00	1,433.54	0.37	0.00
COMMERCIAL (COM)	1	1	1	70.00	0.00	0.00	0.00	0.00	0.00
HMO (HMO)	4	4	4	280.00	55.02	0.00	154.98	0.00	0.00
MEDICARE (MED)	2	2	2	140.00	18.16	0.00	121.54	0.30	0.00
PERSONAL (PER)	1	1	1	70.00	0.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	34	34	34	2,380.00	1,053.22	0.00	1,664.74	0.30	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	74	74	74	5,180.00	2,030.89	0.00	3,374.80	0.97	0.00
BLUE (BLU)	1	1	1	204.00	0.00	0.00	102.00	0.00	0.00
HMO (HMO)	1	1	1	204.00	50.13	0.00	153.87	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163)	2	2	2	408.00	50.13	0.00	255.87	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	43.00	18.00	0.00	25.00	0.00	0.00
PATH EXAM LEVEL I SPECIMEN (1687)	1	1	1	43.00	18.00	0.00	25.00	0.00	0.00
BLUE (BLU)	14	8	8	1,078.00	470.75	0.00	588.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	10	6	6	770.00	309.60	0.00	369.00	0.00	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	24	14	14	1,848.00	780.35	0.00	957.00	0.00	0.00
BLUE (BLU)	41	34	34	4,510.00	2,582.82	0.00	2,347.99	0.24	0.00
COMMERCIAL (COM)	4	4	4	440.00	220.12	0.00	345.63	0.75	0.00
HMO (HMO)	12	10	10	1,320.00	140.85	0.00	1,284.35	4.80	0.00
MEDICAID (MCD)	1	1	1	110.00	58.99	0.00	100.61	0.00	0.00
MEDICARE (MED)	2	1	1	220.00	23.71	0.00	196.29	0.00	0.00
PERSONAL (PER)	1	1	1	110.00	0.00	0.00	220.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	52	43	43	5,720.00	2,347.27	0.00	3,116.91	5.82	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	113	94	94	12,430.00	5,373.76	0.00	7,611.78	11.61	0.00
BLUE (BLU)	826	497	497	144,550.00	78,454.41	0.00	64,298.33	3.21	0.00
COMMERCIAL (COM)	101	62	62	17,675.00	5,418.68	0.00	9,879.38	16.54	0.00
HMO (HMO)	183	105	105	32,200.00	9,745.95	175.00	30,010.23	38.40	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 51

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICAID (MCD)	34	22	22	5,950.00	1,056.19	0.00	4,366.31	2.00	0.00
MEDICARE (MED)	26	14	14	4,550.00	1,091.03	0.00	3,812.72	4.09	0.00
PERSONAL (PER)	9	6	6	1,575.00	666.68	0.00	1,250.05	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1,065	662	662	186,375.00	119,970.94	0.00	70,679.87	14.12	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	2,244	1,368	1,368	392,875.00	216,403.88	175.00	184,296.89	50.12	0.00
BLUE (BLU)	271	168	168	75,424.00	42,703.02	0.00	29,512.91	6.74	0.00
COMMERCIAL (COM)	38	21	21	10,647.00	2,274.55	0.00	5,536.05	10.40	0.00
HMO (HMO)	46	29	29	12,999.00	4,326.52	0.00	9,864.91	32.81	0.00
MEDICAID (MCD)	16	8	8	4,379.00	946.73	0.00	3,431.27	1.00	0.00
MEDICARE (MED)	6	4	4	1,689.00	783.34	0.00	1,727.12	2.76	0.00
PERSONAL (PER)	4	3	3	1,101.00	0.00	0.00	294.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	280	185	185	78,220.00	36,146.13	0.00	43,518.20	0.00	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	661	418	418	184,459.00	87,180.29	0.00	93,884.46	53.71	0.00
BLUE (BLU)	8	8	8	3,456.00	1,694.00	0.00	1,319.00	0.00	0.00
MEDICAID (MCD)	2	2	2	854.00	208.35	0.00	645.65	0.00	0.00
MEDICARE (MED)	1	1	1	435.00	300.75	0.00	561.25	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	9	9	9	3,875.00	1,300.68	0.00	2,975.99	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	20	20	20	8,620.00	3,503.78	0.00	5,501.89	0.00	0.00
BLUE (BLU)	2	2	2	112.00	21.00	0.00	18.00	0.00	0.00
COMMERCIAL (COM)	2	2	2	112.00	47.63	0.00	30.37	0.00	0.00
HMO (HMO)	1	1	1	73.00	12.77	0.00	60.23	0.00	0.00
MEDICAID (MCD)	1	1	1	73.00	16.94	0.00	95.06	0.00	0.00
MEDICARE (MED)	1	1	1	73.00	38.60	0.00	112.40	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	6	5	5	336.00	85.87	0.00	294.13	0.00	0.00
DECALCIFICATION PROCEDURE (1698)	13	12	12	779.00	222.81	0.00	610.19	0.00	0.00
BLUE (BLU)	10	7	7	831.00	329.00	0.00	279.00	0.00	0.00
MEDICARE (MED)	1	1	1	75.00	27.55	0.00	47.45	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	5	2	2	456.00	64.79	0.00	150.76	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	16	10	10	1,362.00	421.34	0.00	477.21	0.00	0.00
BLUE (BLU)	6	5	5	450.00	117.17	0.00	332.83	0.00	0.00
COMMERCIAL (COM)	2	1	1	150.00	24.84	0.00	125.16	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	3	1	1	225.00	69.12	0.00	311.00	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	11	7	7	825.00	211.13	0.00	768.99	0.00	0.00
BLUE (BLU)	45	33	33	9,406.00	3,837.08	0.00	3,641.92	0.00	0.00
COMMERCIAL (COM)	4	4	4	869.00	96.47	0.00	326.53	0.00	0.00
HMO (HMO)	1	1	1	223.00	139.74	0.00	294.71	1.29	0.00
MEDICAID (MCD)	4	3	3	800.00	215.85	0.00	584.15	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	31	24	24	6,407.00	3,592.91	0.00	3,532.88	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 52
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
FROZEN SECTION EXAM(1715)	85	65	65	17,705.00	7,882.05	0.00	8,380.19	1.29	0.00
BLUE(BLU)	23	23	23	3,153.00	1,098.58	0.00	2,066.32	0.00	0.00
COMMERCIAL(COM)	2	1	1	344.00	0.00	0.00	0.00	0.00	0.00
HMO(HMO)	1	1	1	172.00	68.93	0.00	207.73	0.64	0.00
MEDICAID(MCD)	3	3	3	297.00	54.15	0.00	242.85	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	24	14	14	3,033.00	1,234.15	0.00	2,014.05	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	53	42	42	6,999.00	2,455.81	0.00	4,530.95	0.64	0.00
BLUE(BLU)	186	156	156	26,666.00	11,338.47	0.00	13,213.90	2.06	0.00
COMMERCIAL(COM)	16	14	14	2,108.00	536.95	0.00	1,410.98	0.74	0.00
HMO(HMO)	36	30	29	5,306.00	1,408.62	128.00	3,639.37	8.81	0.00
MEDICAID(MCD)	10	8	8	1,314.00	293.33	0.00	1,020.67	0.00	0.00
MEDICARE(MED)	15	13	13	2,006.00	587.55	0.00	1,553.80	0.00	0.00
PERSONAL(PER)	6	4	4	760.00	115.86	0.00	613.19	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	214	176	176	30,462.00	11,035.11	0.00	18,378.10	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	483	401	400	68,622.00	25,315.89	128.00	39,830.01	11.61	0.00
HMO(HMO)	1	1	1	180.00	55.58	0.00	123.29	1.13	0.00
IHC STAINS (ER/PR/HER-2NEU)(1732)	1	1	1	180.00	55.58	0.00	123.29	1.13	0.00
BLUE(BLU)	1	1	1	45.00	0.00	0.00	45.00	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	1	1	1	45.00	0.00	0.00	45.00	0.00	0.00
BLUE(BLU)	5	5	5	350.00	93.00	0.00	156.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	9	9	9	630.00	266.86	0.00	499.29	3.85	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	14	14	14	980.00	359.86	0.00	655.29	3.85	0.00
BLUE(BLU)	14	14	14	1,092.00	388.50	0.00	688.00	3.50	0.00
COMMERCIAL(COM)	3	3	3	234.00	47.77	0.00	152.86	2.51	0.00
HMO(HMO)	2	3	3	234.00	44.70	78.00	111.30	0.00	0.00
MEDICAID(MCD)	2	2	2	156.00	0.00	0.00	0.00	0.00	0.00
MEDICARE(MED)	1	1	1	78.00	0.00	0.00	312.00	0.00	0.00
PERSONAL(PER)	1	1	1	78.00	0.00	0.00	78.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	26	26	26	2,028.00	392.26	0.00	1,606.74	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	49	50	50	3,900.00	873.23	78.00	2,948.90	6.01	0.00
HMO(HMO)	1	1	1	175.00	73.00	0.00	102.00	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	1	1	1	175.00	73.00	0.00	102.00	0.00	0.00
COMMERCIAL(COM)	2	1	1	244.00	74.12	0.00	145.17	0.00	0.00
HMO(HMO)	1	1	1	122.00	36.50	0.00	85.50	0.00	0.00
OPERATING ROOM CONSULTATION(2927)	3	2	2	366.00	110.62	0.00	230.67	0.00	0.00
BLUE(BLU)	6	6	6	2,538.00	560.00	0.00	1,866.00	0.00	0.00
COMMERCIAL(COM)	1	1	1	423.00	91.47	0.00	331.53	0.00	0.00
HMO(HMO)	1	1	1	423.00	89.64	0.00	333.36	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 53

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
PREFERRED PROVIDER ORGANIZATION (PPO)	3	3	3	1,269.00	677.19	0.00	1,037.69	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	11	11	11	4,653.00	1,418.30	0.00	3,568.58	0.00	0.00
BLUE (BLU)	0	0	0	0.00	86.00	0.00	123.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	209.00	101.64	0.00	107.36	0.00	0.00
OUTSIDE CASE CONSULTATION (2931)	1	1	1	209.00	187.64	0.00	230.36	0.00	0.00
BLUE (BLU)	1	1	1	219.00	107.00	0.00	112.00	0.00	0.00
COMMERCIAL (COM)	1	1	1	219.00	50.71	0.00	168.29	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	219.00	239.80	0.00	220.00	0.00	0.00
BONE MARROW SMEAR EXAM (2935)	3	3	3	657.00	397.51	0.00	500.29	0.00	0.00
BLUE (BLU)	6	6	6	420.00	199.44	0.00	285.54	0.37	0.00
HMO (HMO)	1	1	1	70.00	18.09	0.00	51.91	0.00	0.00
MEDICARE (MED)	1	1	1	70.00	0.00	0.00	70.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	10	10	10	700.00	389.40	0.00	310.60	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	18	18	18	1,260.00	606.93	0.00	718.05	0.37	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - BARRETT'S ESOPHAGUS (3126F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
BLUE (BLU)	12	12	12	816.00	130.41	0.00	319.58	0.01	0.00
HMO (HMO)	2	2	2	172.00	39.20	0.00	60.00	0.80	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	6	6	6	372.00	206.20	0.00	165.80	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	20	20	20	1,360.00	375.81	0.00	545.38	0.81	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
PHYS QUALITY RPTING INITIATIVE (3260F)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE (3260F-	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
HMO (HMO)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS HER 2 IHC (3394F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
BLUE (BLU)	202	85	85	9,090.00	4,145.52	0.00	4,240.08	0.00	0.00
COMMERCIAL (COM)	18	8	8	810.00	404.53	0.00	391.57	0.00	0.00
HMO (HMO)	25	12	12	1,125.00	685.75	0.00	557.90	2.28	0.00
MEDICAID (MCD)	3	3	3	135.00	34.53	0.00	56.91	0.00	0.00
MEDICARE (MED)	13	7	7	585.00	408.71	0.00	226.80	0.00	0.00
PERSONAL (PER)	7	3	3	315.00	48.69	0.00	250.08	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	205	102	102	9,270.00	5,191.83	45.00	4,139.34	0.29	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	473	220	220	21,330.00	10,919.56	45.00	9,862.68	2.57	0.00
BLUE (BLU)	179	64	64	32,220.00	13,028.23	0.00	18,531.63	0.10	0.00
COMMERCIAL (COM)	24	8	8	4,320.00	1,050.04	0.00	3,050.67	3.40	0.00
HMO (HMO)	40	16	16	7,200.00	2,221.26	0.00	5,519.18	14.59	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 54
 Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGES	PAYMENTS	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS							
MEDICAID (MCD)	12	4	4	2,160.00	581.82	0.00	1,578.18	0.00	0.00	0.00
MEDICARE (MED)	15	6	6	2,700.00	946.97	0.00	2,113.03	0.00	0.00	0.00
PERSONAL (PER)	6	1	1	1,080.00	247.46	0.00	750.06	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	219	76	76	39,420.00	11,281.81	0.00	25,975.92	0.00	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	495	175	175	89,100.00	29,357.59	0.00	57,518.67	18.09	0.00	0.00
HMO (HMO)	1	1	1	180.00	55.58	0.00	123.29	1.13	0.00	0.00
PROGESTERONE RECEPTOR (PR) EACH ANTIB	1	1	1	180.00	55.58	0.00	123.29	1.13	0.00	0.00
BLUE (BLU)	3	3	3	540.00	237.00	0.00	303.00	0.00	0.00	0.00
COMMERCIAL (COM)	3	3	3	720.00	96.62	180.00	263.38	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	7	6	6	1,260.00	220.61	0.00	666.03	0.00	0.00	0.00
HER2 IHC PER SPECIMEN EA AB(3756)	13	12	12	2,520.00	554.23	180.00	1,232.41	0.00	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	5,099	3,254	3,252	842,648.06	401,561.10	675.00	437,989.08	175.77	0.00	0.00
TOTAL	83,210	53,622	53,217	13,232,745.07	5,921,777.57	42,768.25	7,097,185.37	7,732.80	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 55

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	81.00	18.16	0.00	62.84	0.00	0.00
ELECTROPHORESIS, 24-H URINE (0746)	1	1	1	81.00	18.16	0.00	62.84	0.00	0.00
MEDICARE (MED)	4	4	4	308.00	14.64	0.00	139.36	0.30	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	4	4	4	308.00	14.64	0.00	139.36	0.30	0.00
BLUE (BLU)	1	1	1	110.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	11	10	10	1,210.00	129.79	0.00	1,178.08	2.41	0.00
PERSONAL (PER)	1	1	1	110.00	11.86	0.00	98.14	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	110.00	59.05	0.00	109.28	0.00	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	14	13	13	1,540.00	200.70	0.00	1,385.50	2.41	0.00
BLUE (BLU)	2	1	1	350.00	199.40	0.00	150.60	0.00	0.00
MEDICARE (MED)	52	32	32	9,100.00	2,080.47	0.00	7,625.15	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	54	33	33	9,450.00	2,279.87	0.00	7,775.75	0.00	0.00
MEDICARE (MED)	31	29	28	9,227.00	2,720.89	538.00	6,412.35	24.25	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	0.00	0.00	181.73	0.00	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	31	29	28	9,227.00	2,720.89	538.00	6,594.08	24.25	0.00
MEDICARE (MED)	21	21	21	9,351.00	3,642.15	427.00	6,301.88	2.44	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	21	21	21	9,351.00	3,642.15	427.00	6,301.88	2.44	0.00
MEDICARE (MED)	3	2	2	185.00	33.46	0.00	146.30	0.00	0.00
DECALCIFICATION PROCEDURE (1698)	3	2	2	185.00	33.46	0.00	146.30	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	148.77	0.00	94.18	0.89	0.00
SPECIAL STAIN - GROUP 1 (1699)	0	0	0	0.00	148.77	0.00	94.18	0.89	0.00
MEDICARE (MED)	9	5	5	675.00	155.74	0.00	816.28	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	9	5	5	675.00	155.74	0.00	816.28	0.00	0.00
MEDICARE (MED)	4	3	3	846.00	384.47	0.00	587.60	2.08	0.00
FROZEN SECTION EXAM (1715)	4	3	3	846.00	384.47	0.00	587.60	2.08	0.00
MEDICARE (MED)	0	1	1	297.00	95.02	297.00	0.00	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL (1716)	0	1	1	297.00	95.02	297.00	0.00	0.00	0.00
MEDICARE (MED)	17	15	15	2,516.00	592.97	0.00	1,892.18	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	17	15	15	2,516.00	592.97	0.00	1,892.18	0.00	0.00
MEDICARE (MED)	1	1	1	45.00	18.16	0.00	26.84	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT (1748)	1	1	1	45.00	18.16	0.00	26.84	0.00	0.00
MEDICARE (MED)	1	1	1	78.00	19.71	0.00	58.29	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM (2244)	1	1	1	78.00	19.71	0.00	58.29	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PQRI - BARRETT'S ESOPHAGUS (3126F)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE (3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	5	6	6	0.06	0.00	0.01	0.00	0.06	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017
 [REDACTED] [REDACTED] [REDACTED]

Page: 56
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
PQRI - PROSTATE(3267F)	5	6	6	0.06	0.00	0.01	0.00	0.06	0.00
MEDICARE (MED)	54	11	10	2,430.00	1,490.96	0.00	896.71	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	54	11	10	2,430.00	1,490.96	0.00	896.71	0.00	0.00
MEDICARE (MED)	4	4	4	512.00	253.69	0.00	458.18	0.59	0.00
MMPR IMMUNOCYTO STAIN INITIAL(3691)	4	4	4	512.00	253.69	0.00	458.18	0.59	0.00
MEDICARE (MED)	15	5	5	675.00	575.61	0.00	293.40	1.32	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL(3	15	5	5	675.00	575.61	0.00	293.40	1.32	0.00
MEDICARE (MED)	2	1	1	360.00	111.61	0.00	248.39	0.00	0.00
HER2 IHC PER SPECIMEN EA AB(3756)	2	1	1	360.00	111.61	0.00	248.39	0.00	0.00
MEDICARE (MED)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
PQRI - COLORECTAL(G8721)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PERSONAL (PER)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
PQRS - COLORECTAL MEDICAL REASON(G872	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS IP(1)	250	166	164	38,576.16	12,756.58	1,262.01	27,777.76	34.43	0.00
MEDICARE (MED)	2	2	2	138.00	36.32	0.00	101.68	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	2	2	2	138.00	36.32	0.00	101.68	0.00	0.00
MEDICARE (MED)	1	1	1	212.00	0.00	0.00	0.00	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	1	1	1	212.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	8	8	8	616.00	43.89	0.00	418.10	1.49	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	8	8	8	616.00	43.89	0.00	418.10	1.49	0.00
MEDICAID (MCD)	1	1	1	110.00	11.86	0.00	98.14	0.00	0.00
MEDICARE (MED)	18	18	18	1,980.00	249.32	0.00	2,160.56	2.89	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	19	19	19	2,090.00	261.18	0.00	2,258.70	2.89	0.00
BLUE (BLU)	3	1	1	525.00	300.00	0.00	225.00	0.00	0.00
MEDICARE (MED)	522	289	289	102,200.00	21,118.53	10,850.00	74,453.70	44.52	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	5	4	4	875.00	285.17	0.00	589.83	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	530	294	294	103,600.00	21,703.70	10,850.00	75,268.53	44.52	0.00
MEDICARE (MED)	40	27	27	11,085.00	3,462.65	0.00	7,831.67	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	40	27	27	11,085.00	3,462.65	0.00	7,831.67	0.00	0.00
MEDICARE (MED)	1	1	1	427.00	150.79	0.00	276.21	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	1	1	1	427.00	150.79	0.00	276.21	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	12.85	0.00	26.15	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	0	0	0	0.00	12.85	0.00	26.15	0.00	0.00
MEDICARE (MED)	3	3	3	252.00	91.04	0.00	169.35	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	3	3	3	252.00	91.04	0.00	169.35	0.00	0.00
MEDICARE (MED)	44	14	14	3,300.00	550.19	0.00	2,824.81	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 57

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS							
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	75.00	6.09	0.00	68.79	0.12	0.00
SPECIAL STAIN - GROUP 2(1703)	45	15	15	3,375.00	556.28	0.00	2,893.60	0.12	0.00
MEDICARE (MED)	1	1	1	255.00	88.00	0.00	165.57	1.43	0.00
CASE CONSULTATION-COMPLEX(1712)	1	1	1	255.00	88.00	0.00	165.57	1.43	0.00
BLUE (BLU)	1	1	1	200.00	64.08	0.00	135.92	0.00	0.00
MEDICARE (MED)	5	4	4	1,069.00	192.24	0.00	430.76	0.00	0.00
FROZEN SECTION EXAM(1715)	6	5	5	1,269.00	256.32	0.00	566.68	0.00	0.00
MEDICARE (MED)	2	2	2	344.00	31.67	0.00	140.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	2	2	2	344.00	31.67	0.00	140.33	0.00	0.00
MEDICARE (MED)	32	29	29	4,470.00	1,187.22	0.00	3,299.57	0.74	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	32	29	29	4,470.00	1,187.22	0.00	3,299.57	0.74	0.00
MEDICARE (MED)	0	0	0	0.00	1.84	0.00	0.00	1.84	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	0	0	0	0.00	1.84	0.00	0.00	1.84	0.00
MEDICARE (MED)	5	5	5	1,180.00	325.91	0.00	492.64	0.00	0.00
OUTSIDE CASE CONSULTATION(2931)	5	5	5	1,180.00	325.91	0.00	492.64	0.00	0.00
MEDICARE (MED)	13	13	13	0.13	0.00	0.00	0.00	0.12	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	13	13	13	0.13	0.00	0.00	0.00	0.12	0.00
MEDICARE (MED)	8	8	8	760.00	91.37	0.00	298.59	6.01	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	8	8	8	760.00	91.37	0.00	298.59	6.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
PHYS QUALITY RPTING INITIATIVE(3250F)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
MEDICARE (MED)	8	8	8	0.08	0.00	0.00	0.00	0.08	0.00
PQRS HER 2 IHC(3394F)	8	8	8	0.08	0.00	0.00	0.00	0.08	0.00
MEDICARE (MED)	15	8	8	675.00	1,137.32	0.00	706.21	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	15	8	8	675.00	1,137.32	0.00	706.21	0.00	0.00
MEDICARE (MED)	0	1	1	175.00	0.00	175.00	0.00	0.00	0.00
PROSTATE NEEDLE BIOPSY(3544)	0	1	1	175.00	0.00	175.00	0.00	0.00	0.00
MEDICARE (MED)	9	5	5	1,260.00	389.95	0.00	902.25	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	9	5	5	1,260.00	389.95	0.00	902.25	0.00	0.00
MEDICARE (MED)	33	12	12	5,940.00	1,750.78	0.00	4,348.57	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	33	12	12	5,940.00	1,750.78	0.00	4,348.57	0.00	0.00
MEDICARE (MED)	1	1	1	128.00	36.27	0.00	91.73	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	1	1	1	128.00	36.27	0.00	91.73	0.00	0.00
MEDICARE (MED)	3	1	1	135.00	86.79	0.00	48.21	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	3	1	1	135.00	86.79	0.00	48.21	0.00	0.00
MEDICARE (MED)	9	9	9	1,375.00	1,365.94	0.00	22.00	2.06	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 58

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT	# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS			
PROSTATE NEEDLE BX 10-20 SPECIMENS(GO	9	9	9	1,375.00	1,365.94	0.00	22.00	2.06	0.00
MERCY HOSPITAL ST LOUIS OP(2)	799	483	483	139,761.26	33,068.08	11,025.00	100,326.34	61.34	0.00
MEDICARE (MED)	0	0	0	0.00	18.11	0.00	62.89	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	0	0	0	0.00	18.11	0.00	62.89	0.00	0.00
MEDICARE (MED)	3	3	3	330.00	33.17	0.00	294.42	2.41	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	3	3	3	330.00	33.17	0.00	294.42	2.41	0.00
MEDICARE (MED)	35	20	20	6,125.00	1,260.77	0.00	4,634.12	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	35	20	20	6,125.00	1,260.77	0.00	4,634.12	0.00	0.00
MEDICARE (MED)	18	9	9	4,917.00	1,976.75	0.00	4,302.47	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	18	9	9	4,917.00	1,976.75	0.00	4,302.47	0.00	0.00
MEDICARE (MED)	1	1	1	223.00	64.08	0.00	158.92	0.00	0.00
FROZEN SECTION EXAM(1715)	1	1	1	223.00	64.08	0.00	158.92	0.00	0.00
MEDICARE (MED)	1	1	1	172.00	31.67	0.00	140.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	172.00	31.67	0.00	140.33	0.00	0.00
MEDICARE (MED)	11	8	8	1,468.00	471.15	0.00	1,218.85	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	11	8	8	1,468.00	471.15	0.00	1,218.85	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	70.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	0	0	0	0.00	0.00	0.00	70.00	0.00	0.00
MEDICARE (MED)	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
MEDICARE (MED)	1	1	1	50.00	0.00	0.00	50.00	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	50.00	0.00	0.00	50.00	0.00	0.00
MEDICARE (MED)	5	4	4	0.05	0.00	0.00	0.00	0.07	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	5	4	4	0.05	0.00	0.00	0.00	0.07	0.00
MEDICARE (MED)	16	7	7	720.00	461.06	0.00	258.94	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	16	7	7	720.00	461.06	0.00	258.94	0.00	0.00
MEDICARE (MED)	3	1	1	540.00	409.57	0.00	872.77	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	3	1	1	540.00	409.57	0.00	872.77	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	95	56	56	14,968.05	4,816.34	0.00	12,396.70	2.48	0.00
TOTAL	1,144	705	703	193,305.47	50,641.00	12,287.01	140,500.80	98.25	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 59

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVO
MEDICARE (MED)	6	6	6	486.00	117.87	0.00	439.93	1.82	0.00
OLIGOCLONAL BANDS (0672)	6	6	6	486.00	117.87	0.00	439.93	1.82	0.00
BLUE (BLU)	2	2	2	138.00	31.00	0.00	38.00	0.00	0.00
MEDICAID (MCD)	1	1	1	69.00	16.46	0.00	52.54	0.00	0.00
MEDICARE (MED)	74	74	73	5,106.00	1,356.10	0.00	3,871.62	1.85	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	77	77	76	5,313.00	1,403.56	0.00	3,962.16	1.85	0.00
BLUE (BLU)	1	1	1	81.00	31.00	0.00	50.00	0.00	0.00
HMO (HMO)	1	1	1	81.00	18.09	0.00	62.91	0.00	0.00
MEDICARE (MED)	35	35	31	2,835.00	711.60	0.00	2,517.69	0.00	0.00
ELECTROPHORESIS, 24-H URINE (0746)	37	37	33	2,997.00	760.69	0.00	2,630.60	0.00	0.00
MEDICAID (MCD)	1	1	1	81.00	16.46	0.00	64.54	0.00	0.00
MEDICARE (MED)	18	18	18	1,458.00	304.19	0.00	1,068.38	0.74	0.00
ELECTROPHORESIS, RANDOM URINE (0748)	19	19	19	1,539.00	320.65	0.00	1,132.92	0.74	0.00
BLUE (BLU)	2	2	2	140.00	32.00	0.00	38.00	0.00	0.00
MEDICAID (MCD)	1	1	1	70.00	16.78	0.00	53.22	0.00	0.00
MEDICARE (MED)	67	67	66	4,690.00	1,210.98	0.00	3,532.75	1.85	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	70	70	69	4,900.00	1,259.76	0.00	3,623.97	1.85	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	1.48	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	0	0	0	0.00	0.00	0.00	0.00	1.48	0.00
MEDICARE (MED)	18	16	16	810.00	265.02	0.00	402.59	7.38	0.00
JOINT FLUID EXAM/CRYSTAL IDENT (1748)	18	16	16	810.00	265.02	0.00	402.59	7.38	0.00
BLUE (BLU)	1	1	1	70.00	31.00	0.00	39.00	0.00	0.00
HMO (HMO)	1	1	1	70.00	18.09	0.00	51.91	0.00	0.00
MEDICARE (MED)	31	31	28	2,170.00	656.75	0.00	1,922.17	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	33	33	30	2,310.00	705.84	0.00	2,013.08	0.00	0.00
HMO (HMO)	1	1	1	295.00	93.66	0.00	201.34	0.00	0.00
MEDICARE (MED)	13	13	5	3,835.00	731.70	0.00	1,808.64	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	2	2	2	590.00	216.12	0.00	373.88	0.00	0.00
THERAPEUTIC APHERESIS PLASMA (1880)	16	16	8	4,720.00	1,041.48	0.00	2,383.86	0.00	0.00
BLUE (BLU)	1	1	1	78.00	35.00	0.00	43.00	0.00	0.00
COMMERCIAL (COM)	1	1	1	78.00	0.00	0.00	78.00	0.00	0.00
MEDICARE (MED)	117	117	110	9,204.00	2,932.32	78.00	6,498.64	14.55	0.00
PERIPHERIAL BLOOD SMEAR EXAM (2244)	119	119	112	9,360.00	2,967.32	78.00	6,619.64	14.55	0.00
MEDICARE (MED)	18	18	18	1,844.00	907.64	0.00	915.38	0.00	0.00
MD REVIEW OF TRANSFUSION REACTION (292)	18	18	18	1,844.00	907.64	0.00	915.38	0.00	0.00
MEDICARE (MED)	3	3	3	1,269.00	180.02	0.00	665.98	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29)	3	3	3	1,269.00	180.02	0.00	665.98	0.00	0.00
MEDICAID (MCD)	1	1	1	70.00	16.46	0.00	53.54	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 60

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	18	18	18	1,260.00	304.19	0.00	881.38	0.74	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	19	19	19	1,330.00	320.65	0.00	934.92	0.74	0.00
MERCY HOSPITAL ST LOUIS IP(1)	435	433	409	36,878.00	10,250.50	78.00	25,725.03	30.41	0.00
MEDICARE (MED)	1	1	1	81.00	21.84	0.00	62.84	0.00	0.00
OLIGOCLONAL BANDS(0672)	1	1	1	81.00	21.84	0.00	62.84	0.00	0.00
BLUE (BLU)	1	1	1	69.00	0.00	0.00	69.00	0.00	0.00
MEDICARE (MED)	695	696	692	48,024.00	12,729.24	69.00	35,936.18	129.61	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	2	2	2	138.00	14.46	0.00	123.40	0.14	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	698	699	695	48,231.00	12,743.70	69.00	36,128.58	129.75	0.00
BLUE (BLU)	1	1	1	81.00	24.80	0.00	50.00	0.00	0.00
COMMERCIAL (COM)	1	1	1	81.00	15.98	0.00	65.02	0.00	0.00
MEDICARE (MED)	62	62	62	5,022.00	1,181.96	0.00	4,145.67	21.96	0.00
ELECTROPHORESIS, 24-H URINE(0746)	64	64	64	5,184.00	1,222.74	0.00	4,260.69	21.96	0.00
MEDICARE (MED)	56	56	56	4,536.00	1,108.06	0.00	3,832.67	11.23	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	56	56	56	4,536.00	1,108.06	0.00	3,832.67	11.23	0.00
BLUE (BLU)	1	1	1	70.00	0.00	0.00	70.00	0.00	0.00
MEDICARE (MED)	300	301	301	21,070.00	5,544.16	70.00	15,968.90	13.25	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	301	302	302	21,140.00	5,544.16	70.00	16,038.90	13.25	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	110.00	0.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	1	1	1	110.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	6	5	5	1,050.00	463.75	0.00	1,636.25	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	6	5	5	1,050.00	463.75	0.00	1,636.25	0.00	0.00
MEDICARE (MED)	1	1	1	73.00	12.90	0.00	60.10	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	1	1	1	73.00	12.90	0.00	60.10	0.00	0.00
MEDICARE (MED)	2	1	1	150.00	24.44	0.00	125.56	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	2	1	1	150.00	24.44	0.00	125.56	0.00	0.00
MEDICARE (MED)	1	1	1	162.00	36.27	0.00	125.73	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	1	1	1	162.00	36.27	0.00	125.73	0.00	0.00
MEDICARE (MED)	14	14	14	630.00	232.38	0.00	348.92	7.37	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	14	14	14	630.00	232.38	0.00	348.92	7.37	0.00
BLUE (BLU)	1	1	1	70.00	24.80	0.00	39.00	0.00	0.00
COMMERCIAL (COM)	1	1	1	70.00	15.98	0.00	54.02	0.00	0.00
MEDICARE (MED)	54	54	54	3,780.00	1,036.67	0.00	3,005.27	6.93	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	56	56	56	3,920.00	1,077.45	0.00	3,098.29	6.93	0.00
BLUE (BLU)	1	1	1	295.00	0.00	0.00	0.00	0.00	0.00
THERAPEUTIC APHERESIS PLASMA(1880)	1	1	1	295.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	68	68	68	5,304.00	0.00	0.00	4,524.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 61

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS					
PERIPHERIAL BLOOD SMEAR EXAM(2244)	68	68	68	5,304.00	0.00	4,524.00	0.00	0.00
MEDICARE(MED)	3	3	3	438.00	103.18	188.82	0.00	0.00
MD REVIEW OF TRANSFUSION REACTION(292)	3	3	3	438.00	103.18	188.82	0.00	0.00
MEDICARE(MED)	1	1	1	423.00	90.01	332.99	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29	1	1	1	423.00	90.01	332.99	0.00	0.00
MEDICARE(MED)	1	1	1	219.00	49.90	169.10	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	1	1	1	219.00	49.90	169.10	0.00	0.00
MEDICARE(MED)	53	53	53	3,710.00	1,013.51	2,939.33	3.68	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	53	53	53	3,710.00	1,013.51	2,939.33	3.68	0.00
MEDICARE(MED)	3	1	1	135.00	86.79	48.21	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	3	1	1	135.00	86.79	48.21	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	1,331	1,329	1,325	95,791.00	23,831.08	73,920.98	194.17	0.00
MEDICARE(MED)	49	49	49	3,381.00	787.66	2,236.41	35.68	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	7.18	61.68	0.14	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	49	49	49	3,381.00	794.84	2,298.09	35.82	0.00
MEDICARE(MED)	8	8	8	648.00	152.88	502.47	3.69	0.00
ELECTROPHORESIS, 24-H URINE(0746)	8	8	8	648.00	152.88	502.47	3.69	0.00
MEDICARE(MED)	9	9	9	729.00	190.28	628.15	2.55	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	9	9	9	729.00	190.28	628.15	2.55	0.00
MEDICARE(MED)	31	31	31	2,170.00	0.00	1,960.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	31	31	31	2,170.00	0.00	1,960.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	175.00	128.33	46.67	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	1	1	1	175.00	128.33	46.67	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	128.00	43.91	84.09	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	1	1	1	128.00	43.91	84.09	0.00	0.00
MEDICARE(MED)	7	7	7	490.00	0.00	420.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	7	7	7	490.00	0.00	420.00	0.00	0.00
MEDICARE(MED)	7	7	7	546.00	0.00	468.00	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	7	7	7	546.00	0.00	468.00	0.00	0.00
MEDICARE(MED)	1	1	1	90.00	0.00	90.00	0.00	0.00
MD REVIEW OF TRANSFUSION REACTION(292)	1	1	1	90.00	0.00	90.00	0.00	0.00
MEDICARE(MED)	9	9	9	630.00	0.00	700.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	9	9	9	630.00	0.00	700.00	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	123	123	123	8,987.00	1,310.24	7,197.47	42.06	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 62

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
TOTAL	1,889	1,885	1,857	141,656.00	35,391.82	217.00	106,843.48	266.64	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 63
 Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS							PAYMENTS	ADJUSTMENTS	ADJUSTMENTS
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	68.30-	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163)	0	0	0	0.00	0.00	0.00	68.30-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	40.51-	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	0	0	0	0.00	0.00	0.00	40.51-	0.00	0.00
MERCY HOSPITAL ST LOUIS IP (1)	0	0	0	0.00	0.00	0.00	108.81-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	137.10-	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	0	0	0	0.00	0.00	0.00	137.10-	0.00	0.00
MERCY HOSPITAL ST LOUIS OP (2)	0	0	0	0.00	0.00	0.00	137.10-	0.00	0.00
TOTAL	0	0	0	0.00	0.00	0.00	245.91-	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 64

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER		WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS			
MEDICARE (MED)	4	4	4	308.00	29.28	0.00	278.72	0.00	0.00	
PATH EXAM LEVEL II SPECIMEN(1688)	4	4	4	308.00	29.28	0.00	278.72	0.00	0.00	
MEDICARE (MED)	20	18	18	2,200.00	204.61	0.00	1,766.92	0.00	0.00	
PATH EXAM LEVEL III SPECIMEN(1689)	20	18	18	2,200.00	204.61	0.00	1,766.92	0.00	0.00	
MEDICARE (MED)	68	57	57	11,900.00	2,752.68	0.00	9,541.06	11.79	0.00	
PATH EXAM LEVEL IV SPECIMEN(1692)	68	57	57	11,900.00	2,752.68	0.00	9,541.06	11.79	0.00	
MEDICARE (MED)	50	34	34	13,950.00	3,723.77	0.00	8,607.33	1.72	0.00	
PATH EXAM LEVEL V SPECIMEN(1696)	50	34	34	13,950.00	3,723.77	0.00	8,607.33	1.72	0.00	
MEDICARE (MED)	9	9	9	3,867.00	1,160.34	0.00	2,225.68	0.00	0.00	
PATH EXAM LEVEL VI SPECIMEN(1697)	9	9	9	3,867.00	1,160.34	0.00	2,225.68	0.00	0.00	
MEDICARE (MED)	38	36	36	1,958.00	469.11	0.00	1,373.75	0.52	0.00	
DECALCIFICATION PROCEDURE (1698)	38	36	36	1,958.00	469.11	0.00	1,373.75	0.52	0.00	
MEDICARE (MED)	3	3	3	252.00	82.56	0.00	142.44	0.00	0.00	
SPECIAL STAIN - GROUP 1(1699)	3	3	3	252.00	82.56	0.00	142.44	0.00	0.00	
MEDICARE (MED)	8	5	5	600.00	95.76	0.00	509.69	0.00	0.00	
SPECIAL STAIN - GROUP 2(1703)	8	5	5	600.00	95.76	0.00	509.69	0.00	0.00	
MEDICARE (MED)	15	12	12	3,092.00	800.22	0.00	1,812.97	0.00	0.00	
FROZEN SECTION EXAM(1715)	15	12	12	3,092.00	800.22	0.00	1,812.97	0.00	0.00	
MEDICARE (MED)	37	33	33	5,212.00	1,257.37	0.00	3,642.64	0.74	0.00	
IMMUNOCYTOCHEMISTRY STAIN(1719)	37	33	33	5,212.00	1,257.37	0.00	3,642.64	0.74	0.00	
MEDICARE (MED)	7	6	6	546.00	109.11	0.00	266.30	0.00	0.00	
PERIPHERIAL BLOOD SMEAR EXAM(2244)	7	6	6	546.00	109.11	0.00	266.30	0.00	0.00	
MEDICARE (MED)	3	3	3	1,269.00	163.99	0.00	665.98	0.00	0.00	
FLOW CYTOMETRY, 16 OR MORE MARKERS(29)	3	3	3	1,269.00	163.99	0.00	665.98	0.00	0.00	
MEDICARE (MED)	1	1	1	219.00	40.76	0.00	169.10	0.00	0.00	
BONE MARROW SMEAR EXAM(2935)	1	1	1	219.00	40.76	0.00	169.10	0.00	0.00	
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00	
PQRI - BARRETT'S ESOPHAGUS(3126F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00	
MEDICARE (MED)	112	20	20	5,040.00	2,655.75	0.00	1,550.80	7.99	0.00	
IMMUNOCYTOCHEMISTRY STAIN(3540)	112	20	20	5,040.00	2,655.75	0.00	1,550.80	7.99	0.00	
MEDICARE (MED)	6	2	2	1,080.00	300.79	0.00	745.18	0.00	0.00	
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	6	2	2	1,080.00	300.79	0.00	745.18	0.00	0.00	
MEDICARE (MED)	2	2	2	256.00	36.27	0.00	91.73	0.00	0.00	
HMRP IMMUNOCYTO STAIN INITIAL(3691)	2	2	2	256.00	36.27	0.00	91.73	0.00	0.00	
MEDICARE (MED)	6	2	2	270.00	86.77	0.00	48.21	0.02	0.00	
HMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	6	2	2	270.00	86.77	0.00	48.21	0.02	0.00	
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00	
PQRI - COLORECTAL(G8721)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00	

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 65
 Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
PQRS - COLORECTAL MEDICAL REASON(G872)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS-COLON-HIST. GRADE NOT DOC(G8724)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS IP(1)	393	251	251	52,019.04	13,969.14	0.00	33,438.50	22.81	0.00
MEDICARE (MED)	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
MEDICARE (MED)	4	1	1	908.00	229.97	0.00	619.37	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	4	1	1	908.00	229.97	0.00	619.37	0.00	0.00
MEDICARE (MED)	2	2	2	86.00	0.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL I SPECIMEN(1687)	2	2	2	86.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	7.30	0.00	69.70	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	0	0	0	0.00	7.30	0.00	69.70	0.00	0.00
MEDICARE (MED)	12	11	11	1,320.00	122.45	0.00	1,080.32	7.23	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	110.00	69.30	0.00	11.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	13	12	12	1,430.00	191.75	0.00	1,091.32	7.23	0.00
BLUE (BLU)	13	3	3	2,275.00	1,345.00	0.00	930.00	0.00	0.00
HMO (HMO)	1	1	1	175.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	408	241	241	71,400.00	15,245.66	0.00	55,063.43	10.61	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	4	3	3	700.00	329.66	0.00	195.34	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	426	248	248	74,550.00	16,920.32	0.00	56,188.77	10.61	0.00
MEDICARE (MED)	28	20	20	7,907.00	2,492.34	0.00	5,917.94	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	28	20	20	7,907.00	2,492.34	0.00	5,917.94	0.00	0.00
MEDICARE (MED)	2	2	2	862.00	300.75	0.00	553.25	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	2	2	2	862.00	300.75	0.00	553.25	0.00	0.00
MEDICARE (MED)	19	17	17	979.00	267.61	0.00	752.25	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	19	17	17	979.00	267.61	0.00	752.25	0.00	0.00
MEDICARE (MED)	12	7	7	1,089.00	297.00	0.00	758.40	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	12	7	7	1,089.00	297.00	0.00	758.40	0.00	0.00
MEDICARE (MED)	17	5	5	1,275.00	197.83	0.00	1,067.23	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	17	5	5	1,275.00	197.83	0.00	1,067.23	0.00	0.00
MEDICARE (MED)	8	8	8	2,046.00	451.89	400.00	986.85	0.00	0.00
FROZEN SECTION EXAM(1715)	8	8	8	2,046.00	451.89	400.00	986.85	0.00	0.00
MEDICARE (MED)	2	2	2	198.00	63.34	0.00	134.66	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	2	2	2	198.00	63.34	0.00	134.66	0.00	0.00
HMO (HMO)	2	1	1	324.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	51	47	47	7,378.00	1,703.01	0.00	5,069.24	1.47	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 66
 Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS					
IMMUNOCYTOCHEMISTRY STAIN(1719)	53	48	48	7,702.00	1,703.01	5,069.24	1.47	0.00
MEDICARE (MED)	2	2	2	156.00	0.00	156.00	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	2	2	2	156.00	0.00	156.00	0.00	0.00
MEDICARE (MED)	4	1	1	700.00	123.37	545.16	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	4	1	1	700.00	123.37	545.16	0.00	0.00
MEDICARE (MED)	4	4	4	1,692.00	251.74	998.97	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29	4	4	4	1,692.00	251.74	998.97	0.00	0.00
MEDICARE (MED)	2	2	2	438.00	99.80	338.20	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	2	2	2	438.00	99.80	338.20	0.00	0.00
MEDICARE (MED)	12	12	12	0.12	0.00	0.00	0.16	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	12	12	12	0.12	0.00	0.00	0.16	0.00
MEDICARE (MED)	5	5	5	394.00	133.62	355.61	4.77	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	5	5	5	394.00	133.62	355.61	4.77	0.00
MEDICARE (MED)	6	6	6	0.06	0.00	0.00	0.06	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	6	6	6	0.06	0.00	0.00	0.06	0.00
MEDICARE (MED)	0	1	1	280.00	82.50	197.50	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	0	1	1	280.00	82.50	197.50	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.03	0.00
PQRS HER 2 IHC(3394F)	3	3	3	0.03	0.00	0.00	0.03	0.00
MEDICARE (MED)	68	23	23	3,060.00	1,300.97	773.18	1.18	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	68	23	23	3,060.00	1,300.97	773.18	1.18	0.00
HMO (HMO)	3	1	1	540.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	21	9	9	3,780.00	1,080.35	2,485.62	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	24	10	10	4,320.00	1,080.35	2,485.62	0.00	0.00
MEDICARE (MED)	1	1	1	128.00	36.27	91.73	0.00	0.00
HMRP IMMUNOCYTO STAIN INITIAL(3691)	1	1	1	128.00	36.27	91.73	0.00	0.00
MEDICARE (MED)	3	1	1	135.00	86.79	48.21	0.00	0.00
HMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	3	1	1	135.00	86.79	48.21	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	721	444	444	110,539.21	26,346.77	79,374.91	25.51	0.00
PERSONAL (PER)	1	1	1	110.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	1	1	1	110.00	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	2	1	1	350.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	24	16	16	4,200.00	900.64	3,269.35	0.79	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	26	17	17	4,550.00	900.64	3,269.35	0.79	0.00
MEDICARE (MED)	4	3	3	1,126.00	341.32	784.68	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	4	3	3	1,126.00	341.32	784.68	0.00	0.00
COMMERCIAL (COM)	2	1	1	324.00	0.00	0.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 67

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS						
MEDICARE (MED)	6	4	4	870.00	217.62	0.00	652.38	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	8	5	5	1,194.00	217.62	0.00	652.38	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE (3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC (3394F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
COMMERCIAL (COM)	9	1	1	405.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	6	3	3	270.00	173.58	0.00	96.42	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	15	4	4	675.00	173.58	0.00	96.42	0.00	0.00
COMMERCIAL (COM)	6	1	1	1,080.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	12	3	3	2,160.00	601.59	0.00	1,490.36	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	18	4	4	3,240.00	601.59	0.00	1,490.36	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC (5)	75	37	37	10,895.03	2,234.75	0.00	6,293.19	0.82	0.00
TOTAL	1,189	732	732	173,453.28	42,550.66	680.00	119,106.60	49.14	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 68

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS			
MEDICARE (MED)	1	1	1	212.00	33.97	0.00	183.75	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	1	1	1	212.00	33.97	0.00	183.75	0.00	0.00
MEDICARE (MED)	4	3	3	308.00	35.08	0.00	348.42	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	4	3	3	308.00	35.08	0.00	348.42	0.00	0.00
MEDICARE (MED)	6	5	5	660.00	81.30	0.00	687.38	3.49	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	6	5	5	660.00	81.30	0.00	687.38	3.49	0.00
MEDICARE (MED)	49	22	22	8,575.00	1,888.08	0.00	6,678.84	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	49	22	22	8,575.00	1,888.08	0.00	6,678.84	0.00	0.00
MEDICARE (MED)	18	12	12	5,117.00	1,841.37	0.00	4,133.91	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	18	12	12	5,117.00	1,841.37	0.00	4,133.91	0.00	0.00
MEDICARE (MED)	7	7	7	3,029.00	1,086.01	0.00	1,973.47	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	7	7	7	3,029.00	1,086.01	0.00	1,973.47	0.00	0.00
MEDICARE (MED)	13	12	12	745.00	162.32	0.00	475.45	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	13	12	12	745.00	162.32	0.00	475.45	0.00	0.00
MEDICARE (MED)	1	1	1	102.00	27.55	0.00	74.45	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	1	1	1	102.00	27.55	0.00	74.45	0.00	0.00
MEDICARE (MED)	22	12	12	1,650.00	239.30	0.00	1,255.75	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	22	12	12	1,650.00	239.30	0.00	1,255.75	0.00	0.00
MEDICARE (MED)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
OPERATING ROOM CONSULTATION(1714)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
MEDICARE (MED)	19	6	6	4,099.00	1,112.00	0.00	2,881.51	0.00	0.00
FROZEN SECTION EXAM(1715)	19	6	6	4,099.00	1,112.00	0.00	2,881.51	0.00	0.00
MEDICARE (MED)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
MEDICARE (MED)	15	13	13	2,192.00	514.77	0.00	1,420.58	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	15	13	13	2,192.00	514.77	0.00	1,420.58	0.00	0.00
MEDICARE (MED)	1	1	1	196.00	35.85	0.00	151.01	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	1	1	1	196.00	35.85	0.00	151.01	0.00	0.00
MEDICARE (MED)	20	20	20	1,560.00	614.74	0.00	1,487.82	8.43	0.00
PERIPHERAL BLOOD SMEAR EXAM(2244)	20	20	20	1,560.00	614.74	0.00	1,487.82	8.43	0.00
MEDICARE (MED)	1	1	1	146.00	49.49	0.00	94.41	2.10	0.00
MD REVIEW OF TRANSFUSION REACTION(292)	1	1	1	146.00	49.49	0.00	94.41	2.10	0.00
MEDICARE (MED)	11	11	10	4,653.00	831.19	0.00	3,398.81	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29)	11	11	10	4,653.00	831.19	0.00	3,398.81	0.00	0.00
MEDICARE (MED)	10	10	10	2,190.00	438.04	0.00	1,522.92	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	10	10	10	2,190.00	438.04	0.00	1,522.92	0.00	0.00
MEDICARE (MED)	1	1	1	50.00	19.89	0.00	30.11	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	50.00	19.89	0.00	30.11	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 69

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS						
MEDICARE (MED)	46	11	11	2,070.00	1,550.12	0.00	948.76	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	46	11	11	2,070.00	1,550.12	0.00	948.76	0.00	0.00
MEDICARE (MED)	4	4	4	512.00	152.43	0.00	366.92	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	4	4	4	512.00	152.43	0.00	366.92	0.00	0.00
MEDICARE (MED)	10	4	4	450.00	305.83	0.00	160.70	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	10	4	4	450.00	305.83	0.00	160.70	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - COLORECTAL(g8721)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS IP(1)	262	160	159	38,737.01	11,087.96	0.00	28,427.34	14.03	0.00
MEDICARE (MED)	5	3	3	1,119.00	316.79	0.00	758.21	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	5	3	3	1,119.00	316.79	0.00	758.21	0.00	0.00
MEDICARE (MED)	2	2	2	86.00	9.10	0.00	76.90	0.00	0.00
PATH EXAM LEVEL I SPECIMEN(1687)	2	2	2	86.00	9.10	0.00	76.90	0.00	0.00
MEDICARE (MED)	6	5	5	462.00	45.40	0.00	418.08	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	6	5	5	462.00	45.40	0.00	418.08	0.00	0.00
MEDICARE (MED)	9	7	7	990.00	106.65	0.00	883.27	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	9	7	7	990.00	106.65	0.00	883.27	0.00	0.00
MEDICARE (MED)	304	189	189	53,200.00	11,023.01	0.00	39,403.04	14.35	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	304	189	189	53,200.00	11,023.01	0.00	39,403.04	14.35	0.00
MEDICARE (MED)	26	23	23	7,144.00	1,992.29	0.00	4,267.41	3.47	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	26	23	23	7,144.00	1,992.29	0.00	4,267.41	3.47	0.00
MEDICARE (MED)	7	7	7	3,029.00	633.64	0.00	1,120.84	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	7	7	7	3,029.00	633.64	0.00	1,120.84	0.00	0.00
MEDICARE (MED)	17	16	16	969.00	224.03	0.00	775.85	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	17	16	16	969.00	224.03	0.00	775.85	0.00	0.00
MEDICARE (MED)	7	7	7	606.00	192.76	0.00	386.24	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	7	7	7	606.00	192.76	0.00	386.24	0.00	0.00
MEDICARE (MED)	36	17	17	2,700.00	512.04	0.00	2,762.61	0.01	0.00
SPECIAL STAIN - GROUP 2(1703)	36	17	17	2,700.00	512.04	0.00	2,762.61	0.01	0.00
MEDICARE (MED)	7	5	5	1,469.00	269.34	0.00	543.68	0.00	0.00
FROZEN SECTION EXAM(1715)	7	5	5	1,469.00	269.34	0.00	543.68	0.00	0.00
MEDICARE (MED)	2	2	2	198.00	69.78	0.00	134.66	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	2	2	2	198.00	69.78	0.00	134.66	0.00	0.00
MEDICARE (MED)	46	42	42	6,772.00	1,503.29	0.00	4,363.50	2.94	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	46	42	42	6,772.00	1,503.29	0.00	4,363.50	2.94	0.00
MEDICARE (MED)	1	1	1	180.00	44.99	0.00	135.01	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	1	1	1	180.00	44.99	0.00	135.01	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 70

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	45.00	18.16	0.00	26.84	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	1	1	1	45.00	18.16	0.00	26.84	0.00	0.00
MEDICARE (MED)	23	23	23	1,794.00	0.00	0.00	1,872.00	0.00	0.00
PERIPHERAL BLOOD SMEAR EXAM(2244)	23	23	23	1,794.00	0.00	0.00	1,872.00	0.00	0.00
MEDICARE (MED)	5	2	2	875.00	162.08	0.00	681.45	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	5	2	2	875.00	162.08	0.00	681.45	0.00	0.00
MEDICARE (MED)	20	20	20	8,460.00	1,587.20	0.00	6,395.56	1.83	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29	20	20	20	8,460.00	1,587.20	0.00	6,395.56	1.83	0.00
MEDICARE (MED)	1	1	1	344.00	0.00	0.00	0.00	0.00	0.00
OUTSIDE CASE CONSULTATION(2931)	1	1	1	344.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	12	12	12	2,628.00	666.15	0.00	2,368.42	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	12	12	12	2,628.00	666.15	0.00	2,368.42	0.00	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
BLUE(BLU)	1	1	1	50.00	16.09	0.00	33.91	0.00	0.00
MEDICARE (MED)	6	6	6	444.00	115.30	0.00	324.66	8.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	7	7	7	494.00	131.39	0.00	358.57	8.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	0	1	1	280.00	16.77-	280.00	0.00	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	0	1	1	280.00	16.77-	280.00	0.00	0.00	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC(3394F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	115	25	25	5,175.00	2,841.50	0.00	1,630.35	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	115	25	25	5,175.00	2,841.50	0.00	1,630.35	0.00	0.00
MEDICARE (MED)	1	1	1	120.00	35.59	0.00	84.41	0.00	0.00
ADDITIONAL ISH PROBES BASIC READ(3577	1	1	1	120.00	35.59	0.00	84.41	0.00	0.00
MEDICARE (MED)	9	3	3	1,620.00	612.14	0.00	1,412.54	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	9	3	3	1,620.00	612.14	0.00	1,412.54	0.00	0.00
MEDICARE (MED)	1	1	1	128.00	43.62	0.00	91.73	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	1	1	1	128.00	43.62	0.00	91.73	0.00	0.00
MEDICARE (MED)	3	1	1	135.00	103.32	0.00	48.21	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	3	1	1	135.00	103.32	0.00	48.21	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	680	431	431	101,022.07	23,127.49	280.00	70,999.38	30.65	0.00
MEDICARE (MED)	2	1	1	154.00	11.66	0.00	139.36	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	2	1	1	154.00	11.66	0.00	139.36	0.00	0.00
MEDICARE (MED)	23	14	14	4,025.00	770.84	0.00	2,861.62	3.14	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 71

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
PATH EXAM LEVEL IV SPECIMEN(1692)	23	14	14	4,025.00	770.84	0.00	2,861.62	3.14	0.00
MEDICARE (MED)	12	7	7	3,278.00	1,056.52	0.00	2,438.32	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	12	7	7	3,278.00	1,056.52	0.00	2,438.32	0.00	0.00
MEDICARE (MED)	1	1	1	200.00	64.08	0.00	135.92	0.00	0.00
FROZEN SECTION EXAM(1715)	1	1	1	200.00	64.08	0.00	135.92	0.00	0.00
MEDICARE (MED)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
MEDICARE (MED)	10	9	9	1,382.00	362.66	0.00	1,019.30	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	10	9	9	1,382.00	362.66	0.00	1,019.30	0.00	0.00
MEDICARE (MED)	3	3	3	234.00	0.00	0.00	234.00	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	3	3	3	234.00	0.00	0.00	234.00	0.00	0.00
MEDICARE (MED)	2	2	2	846.00	180.02	0.00	665.98	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29)	2	2	2	846.00	180.02	0.00	665.98	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PQRS HER 2 IHC(3394F)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	12	7	7	540.00	357.07	0.00	192.84	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	12	7	7	540.00	357.07	0.00	192.84	0.00	0.00
MEDICARE (MED)	11	4	4	1,980.00	602.15	0.00	1,366.16	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	11	4	4	1,980.00	602.15	0.00	1,366.16	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	82	54	54	12,738.05	3,436.67	0.00	9,120.83	3.19	0.00
TOTAL	1,024	645	644	152,497.13	37,652.12	280.00	108,547.55	47.87	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 72

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
HMO (HMO)	1	1	1	69.00	18.09	0.00	50.91	0.00	0.00
MEDICARE (MED)	19	19	19	1,311.00	301.05	0.00	918.81	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	20	20	20	1,380.00	319.14	0.00	969.72	0.00	0.00
MEDICARE (MED)	5	5	5	405.00	87.11	0.00	314.20	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	5	5	5	405.00	87.11	0.00	314.20	0.00	0.00
MEDICARE (MED)	3	3	3	243.00	14.47	0.00	62.84	0.00	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	3	3	3	243.00	14.47	0.00	62.84	0.00	0.00
HMO (HMO)	1	1	1	70.00	18.09	0.00	51.91	0.00	0.00
MEDICARE (MED)	17	17	17	1,190.00	264.73	0.00	833.13	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	18	18	18	1,260.00	282.82	0.00	885.04	0.00	0.00
BLUE (BLU)	2	1	1	408.00	204.00	0.00	204.00	0.00	0.00
MEDICARE (MED)	56	44	39	11,528.00	1,817.04	0.00	11,545.78	6.88	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	204.00	98.18	0.00	105.82	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	59	46	41	12,140.00	2,119.22	0.00	11,855.60	6.88	0.00
MEDICARE (MED)	9	7	7	1,899.00	778.60	0.00	1,527.73	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	9	7	7	1,899.00	778.60	0.00	1,527.73	0.00	0.00
MEDICARE (MED)	1	1	1	43.00	3.63	0.00	38.45	0.00	0.00
PATH EXAM LEVEL I SPECIMEN(1687)	1	1	1	43.00	3.63	0.00	38.45	0.00	0.00
MEDICARE (MED)	5	4	4	385.00	35.11	0.00	349.89	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	5	4	4	385.00	35.11	0.00	349.89	0.00	0.00
HMO (HMO)	1	1	1	110.00	0.00	0.00	0.00	110.00	0.00
MEDICARE (MED)	14	11	11	1,540.00	175.09	0.00	1,474.91	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	15	12	12	1,650.00	175.09	0.00	1,474.91	110.00	0.00
MEDICARE (MED)	106	50	49	18,550.00	4,382.89	0.00	16,419.51	4.66	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	106	50	49	18,550.00	4,382.89	0.00	16,419.51	4.66	0.00
BLUE (BLU)	1	1	1	269.00	170.00	0.00	99.00	0.00	0.00
MEDICARE (MED)	42	23	23	11,573.00	4,050.43	0.00	9,087.77	3.45	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	294.00	101.82	0.00	192.18	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	44	25	25	12,136.00	4,322.25	0.00	9,378.95	3.45	0.00
MEDICARE (MED)	22	20	20	9,335.00	3,402.80	0.00	6,294.66	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	22	20	20	9,335.00	3,402.80	0.00	6,294.66	0.00	0.00
MEDICARE (MED)	21	13	13	1,125.00	239.45	0.00	637.29	0.26	0.00
DECALCIFICATION PROCEDURE(1698)	21	13	13	1,125.00	239.45	0.00	637.29	0.26	0.00
BLUE (BLU)	1	1	1	75.00	47.00	0.00	28.00	0.00	0.00
MEDICARE (MED)	20	9	9	1,554.00	551.03	0.00	1,002.97	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	21	10	10	1,629.00	598.03	0.00	1,030.97	0.00	0.00
MEDICARE (MED)	10	9	9	750.00	147.83	0.00	816.25	0.74	0.00
SPECIAL STAIN - GROUP 2(1703)	10	9	9	750.00	147.83	0.00	816.25	0.74	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 73
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	11	7	7	2,315.00	932.98	0.00	2,155.97	0.00	0.00
FROZEN SECTION EXAM(1715)	11	7	7	2,315.00	932.98	0.00	2,155.97	0.00	0.00
MEDICARE (MED)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
MEDICARE (MED)	35	34	33	4,778.00	1,399.14	0.00	3,849.44	8.11	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	35	34	33	4,778.00	1,399.14	0.00	3,849.44	8.11	0.00
MEDICARE (MED)	5	5	5	350.00	87.11	0.00	259.20	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	5	5	5	350.00	87.11	0.00	259.20	0.00	0.00
MEDICARE (MED)	1	1	1	78.00	24.74	0.00	53.26	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	1	1	1	78.00	24.74	0.00	53.26	0.00	0.00
BLUE(BLU)	1	1	1	175.00	100.00	0.00	75.00	0.00	0.00
MEDICARE (MED)	35	34	30	6,125.00	1,646.11	0.00	5,869.38	9.45	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	175.00	128.33	0.00	46.67	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	37	36	32	6,475.00	1,874.44	0.00	5,991.05	9.45	0.00
MEDICARE (MED)	3	3	3	210.00	14.47	0.00	51.84	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	3	3	3	210.00	14.47	0.00	51.84	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	6	6	6	0.06	0.00	0.00	0.00	0.06	0.00
PQRI - PROSTATE(3267F)	6	6	6	0.06	0.00	0.00	0.00	0.06	0.00
MEDICARE (MED)	1	1	1	140.00	41.25	0.00	98.75	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	1	1	1	140.00	41.25	0.00	98.75	0.00	0.00
MEDICARE (MED)	93	27	26	4,185.00	2,890.36	0.00	1,703.80	5.88	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	45.00	0.00	0.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	94	28	27	4,230.00	2,890.36	0.00	1,703.80	5.88	0.00
MEDICARE (MED)	1	1	1	128.00	72.42	0.00	183.58	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	1	1	1	128.00	72.42	0.00	183.58	0.00	0.00
MEDICARE (MED)	3	1	1	135.00	168.12	0.00	101.88	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	3	1	1	135.00	168.12	0.00	101.88	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PQRS - LUNG BX/CYTOLOGY(G9418)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
PQRI - LUNG RESECTION(G9422)	7	7	7	0.07	0.00	0.00	0.00	0.07	0.00
MERCY HOSPITAL ST LOUIS IP(1)	568	378	366	81,868.17	24,445.14	0.00	66,572.11	149.60	0.00
HMO (HMO)	1	1	1	69.00	18.09	0.00	50.91	0.00	0.00
MEDICARE (MED)	49	49	49	3,381.00	635.18	0.00	1,833.93	14.55	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	50	50	50	3,450.00	653.27	0.00	1,884.84	14.55	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 74

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS							
MEDICARE (MED)	6	6	6	486.00	107.14	0.00	377.04	1.82	0.00
ELECTROPHORESIS, 24-H URINE(0746)	6	6	6	486.00	107.14	0.00	377.04	1.82	0.00
MEDICARE (MED)	4	4	4	324.00	61.84	0.00	188.52	0.00	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	4	4	4	324.00	61.84	0.00	188.52	0.00	0.00
MEDICARE (MED)	24	24	24	1,680.00	309.51	0.00	884.97	2.56	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	24	24	24	1,680.00	309.51	0.00	884.97	2.56	0.00
MEDICARE (MED)	54	45	45	11,324.00	1,719.12	204.00	11,018.44	0.57	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	54	45	45	11,324.00	1,719.12	204.00	11,018.44	0.57	0.00
MEDICARE (MED)	72	53	53	15,424.00	5,107.29	0.00	10,426.38	1.47	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	72	53	53	15,424.00	5,107.29	0.00	10,426.38	1.47	0.00
MEDICARE (MED)	5	5	5	385.00	39.88	0.00	418.10	4.01	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	5	5	5	385.00	39.88	0.00	418.10	4.01	0.00
MEDICARE (MED)	25	23	23	2,750.00	294.94	0.00	2,552.44	12.46	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	25	23	23	2,750.00	294.94	0.00	2,552.44	12.46	0.00
BLUE (BLU)	4	2	2	700.00	160.00	0.00	300.00	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	0.00	0.00	175.00	0.00	0.00
MEDICARE (MED)	380	241	241	66,500.00	13,303.88	0.00	47,907.35	12.18	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	1	1	1	175.00	293.08	0.00	920.33	1.03	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	385	244	244	67,375.00	13,756.96	0.00	49,302.68	13.21	0.00
MEDICARE (MED)	33	28	28	9,252.00	2,864.84	0.00	6,355.92	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	33	28	28	9,252.00	2,864.84	0.00	6,355.92	0.00	0.00
MEDICARE (MED)	4	3	3	1,732.00	572.34	0.00	1,128.84	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	4	3	3	1,732.00	572.34	0.00	1,128.84	0.00	0.00
MEDICARE (MED)	7	7	7	375.00	67.10	0.00	164.50	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	7	7	7	375.00	67.10	0.00	164.50	0.00	0.00
MEDICARE (MED)	15	10	10	1,287.00	446.00	0.00	851.75	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	15	10	10	1,287.00	446.00	0.00	851.75	0.00	0.00
MEDICARE (MED)	8	6	6	600.00	92.79	0.00	502.24	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	8	6	6	600.00	92.79	0.00	502.24	0.00	0.00
MEDICARE (MED)	5	4	4	1,115.00	447.36	0.00	1,067.53	0.00	0.00
FROZEN SECTION EXAM(1715)	5	4	4	1,115.00	447.36	0.00	1,067.53	0.00	0.00
BLUE (BLU)	1	1	1	128.00	54.40	0.00	60.00	0.00	0.00
MEDICARE (MED)	68	67	67	9,734.00	2,342.34	128.00	6,674.76	0.74	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	69	68	68	9,862.00	2,396.74	128.00	6,734.76	0.74	0.00
MEDICARE (MED)	2	2	2	376.00	89.98	0.00	286.02	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	2	2	2	376.00	89.98	0.00	286.02	0.00	0.00
MEDICARE (MED)	6	6	6	420.00	107.14	0.00	311.04	1.82	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	6	6	6	420.00	107.14	0.00	311.04	1.82	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 75

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	78.00	0.00	0.00	78.00	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	1	1	1	78.00	0.00	0.00	78.00	0.00	0.00
MEDICARE (MED)	64	46	46	11,375.00	2,522.28	175.00	9,163.29	1.58	0.00
PATH EXAM FLUID CELL BLOCK(2734)	64	46	46	11,375.00	2,522.28	175.00	9,163.29	1.58	0.00
MEDICARE (MED)	0	1	1	122.00	36.96	122.00	0.00	0.00	0.00
OPERATING ROOM CONSULTATION(2927)	0	1	1	122.00	36.96	122.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
MEDICARE (MED)	3	3	3	897.00	240.07	0.00	639.48	0.00	0.00
OUTSIDE CASE CONSULTATION(2931)	3	3	3	897.00	240.07	0.00	639.48	0.00	0.00
MEDICARE (MED)	1	1	1	219.00	49.90	0.00	169.10	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	1	1	1	219.00	49.90	0.00	169.10	0.00	0.00
MEDICARE (MED)	4	4	4	280.00	58.16	0.00	155.52	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	4	4	4	280.00	58.16	0.00	155.52	0.00	0.00
MEDICARE (MED)	7	7	7	0.07	0.00	0.00	0.00	0.08	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	7	7	7	0.07	0.00	0.00	0.00	0.08	0.00
MEDICARE (MED)	4	4	4	200.00	127.98	0.00	212.03	17.91	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	4	4	4	200.00	127.98	0.00	212.03	17.91	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	3	3	852.00	148.24	280.00	197.50	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	1	3	3	852.00	148.24	280.00	197.50	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC(3394F)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	176	47	47	8,010.00	4,527.08	90.00	2,628.01	0.60	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	176	47	47	8,010.00	4,527.08	90.00	2,628.01	0.60	0.00
MEDICARE (MED)	1	1	1	120.00	35.59	0.00	84.41	0.00	0.00
ADDITIONAL ISH PROBES BASIC READ(3577	1	1	1	120.00	35.59	0.00	84.41	0.00	0.00
MEDICARE (MED)	1	1	1	98.00	0.00	0.00	0.00	0.00	0.00
ADD'L ISH PROBES BASIC READ W/QUANTIF	1	1	1	98.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	3	3	3	420.00	79.50	0.00	200.50	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	3	3	3	420.00	79.50	0.00	200.50	0.00	0.00
MEDICARE (MED)	12	5	5	2,160.00	379.51	0.00	745.17	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	12	5	5	2,160.00	379.51	0.00	745.17	0.00	0.00
MEDICARE (MED)	3	3	3	384.00	108.81	0.00	275.19	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL(3691)	3	3	3	384.00	108.81	0.00	275.19	0.00	0.00
MEDICARE (MED)	9	3	3	405.00	260.37	0.00	144.63	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL(3	9	3	3	405.00	260.37	0.00	144.63	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 76

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	9	9	9	1,350.00	1,165.80	0.00	19.20	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS(G0	9	9	9	1,350.00	1,165.80	0.00	19.20	0.00	0.00
MEDICARE (MED)	9	9	9	0.09	0.00	0.00	0.00	0.08	0.00
PQRS - LUNG BX/CYTOLOGY(G9418)	9	9	9	0.09	0.00	0.00	0.00	0.08	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MERCY HOSPITAL ST LOUIS OP(2)	1,089	746	746	155,610.22	38,964.50	999.00	109,501.03	73.50	0.00
MEDICARE (MED)	1	1	1	212.00	0.00	0.00	212.00	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	1	1	1	212.00	0.00	0.00	212.00	0.00	0.00
MEDICARE (MED)	3	1	1	330.00	42.57	0.00	294.43	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	3	1	1	330.00	42.57	0.00	294.43	0.00	0.00
MEDICARE (MED)	29	19	19	5,075.00	1,024.00	0.00	3,541.65	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	29	19	19	5,075.00	1,024.00	0.00	3,541.65	0.00	0.00
MEDICARE (MED)	9	5	5	2,521.00	819.64	0.00	1,753.02	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	9	5	5	2,521.00	819.64	0.00	1,753.02	0.00	0.00
MEDICARE (MED)	1	1	1	427.00	150.79	0.00	276.21	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	1	1	1	427.00	150.79	0.00	276.21	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	5.22	0.00	0.00	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	0	0	0	0.00	5.22	0.00	0.00	0.00	0.00
MEDICARE (MED)	3	2	2	600.00	192.24	0.00	407.76	0.00	0.00
FROZEN SECTION EXAM(1715)	3	2	2	600.00	192.24	0.00	407.76	0.00	0.00
MEDICARE (MED)	2	2	2	198.00	63.34	0.00	134.66	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	2	2	2	198.00	63.34	0.00	134.66	0.00	0.00
MEDICARE (MED)	7	6	6	1,032.00	224.97	0.00	652.38	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	7	6	6	1,032.00	224.97	0.00	652.38	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
PQRS HER 2 IHC(3394F)	2	2	2	0.02	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	3	2	2	135.00	63.37	0.00	32.14	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	3	2	2	135.00	63.37	0.00	32.14	0.00	0.00
MEDICARE (MED)	9	4	4	1,620.00	334.82	0.00	745.18	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	9	4	4	1,620.00	334.82	0.00	745.18	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	70	46	46	12,150.03	2,920.96	0.00	8,049.43	0.02	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 77

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS		PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
TOTAL	1,727	1,170	1,158	249,628.42	66,330.60	999.00	184,122.57	223.12	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 78

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE(MED)	5	5	5	345.00	104.85	0.00	305.09	0.37	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	5	5	5	345.00	104.85	0.00	305.09	0.37	0.00
MEDICARE(MED)	4	4	4	324.00	68.95	0.00	251.36	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	4	4	4	324.00	68.95	0.00	251.36	0.00	0.00
MEDICARE(MED)	3	3	3	243.00	72.59	0.00	251.41	0.00	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	3	3	3	243.00	72.59	0.00	251.41	0.00	0.00
MEDICARE(MED)	4	4	4	280.00	68.95	0.00	207.36	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	4	4	4	280.00	68.95	0.00	207.36	0.00	0.00
MEDICARE(MED)	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
MEDICARE(MED)	1	1	1	43.00	4.55	0.00	38.45	0.00	0.00
PATH EXAM LEVEL I SPECIMEN(1687)	1	1	1	43.00	4.55	0.00	38.45	0.00	0.00
MEDICARE(MED)	7	5	5	539.00	45.28	0.00	487.76	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	7	5	5	539.00	45.28	0.00	487.76	0.00	0.00
MEDICARE(MED)	4	3	3	440.00	45.02	0.00	392.57	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	4	3	3	440.00	45.02	0.00	392.57	0.00	0.00
BLUE(BLU)	2	1	1	350.00	78.68	0.00	271.32	0.00	0.00
MEDICARE(MED)	69	41	41	12,075.00	2,703.86	0.00	9,949.93	3.93	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	71	42	42	12,425.00	2,782.54	0.00	10,221.25	3.93	0.00
MEDICARE(MED)	37	22	22	10,278.00	2,983.80	0.00	7,119.37	1.39	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	37	22	22	10,278.00	2,983.80	0.00	7,119.37	1.39	0.00
MEDICARE(MED)	9	8	8	3,859.00	1,295.81	0.00	2,501.89	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	9	8	8	3,859.00	1,295.81	0.00	2,501.89	0.00	0.00
BLUE(BLU)	1	1	1	39.00	13.11	0.00	25.89	0.00	0.00
MEDICARE(MED)	14	12	12	784.00	154.02	0.00	509.35	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	15	13	13	823.00	167.13	0.00	535.24	0.00	0.00
MEDICARE(MED)	4	4	4	327.00	137.66	0.00	264.34	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	4	4	4	327.00	137.66	0.00	264.34	0.00	0.00
BLUE(BLU)	2	1	1	150.00	24.84	0.00	125.16	0.00	0.00
MEDICARE(MED)	10	5	5	750.00	135.87	0.00	690.62	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	12	6	6	900.00	160.71	0.00	815.78	0.00	0.00
MEDICARE(MED)	7	5	5	1,423.00	422.52	0.00	974.44	0.00	0.00
FROZEN SECTION EXAM(1715)	7	5	5	1,423.00	422.52	0.00	974.44	0.00	0.00
MEDICARE(MED)	1	1	1	99.00	25.23	0.00	67.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	99.00	25.23	0.00	67.33	0.00	0.00
BLUE(BLU)	1	1	1	128.00	36.86	0.00	91.14	0.00	0.00
MEDICARE(MED)	32	30	30	4,368.00	1,212.33	0.00	3,482.91	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	33	31	31	4,496.00	1,249.19	0.00	3,574.05	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 79

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	4	4	4	280.00	68.95	0.00	207.36	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	4	4	4	280.00	68.95	0.00	207.36	0.00	0.00
BLUE (BLU)	1	1	1	78.00	25.14	0.00	52.86	0.00	0.00
MEDICARE (MED)	15	14	12	1,170.00	348.76	0.00	901.73	0.50	0.00
PERIPHERIAL BLOOD SMEAR EXAM(2244)	16	15	13	1,248.00	373.90	0.00	954.59	0.50	0.00
MEDICARE (MED)	2	2	2	350.00	77.42	0.00	272.58	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	2	2	2	350.00	77.42	0.00	272.58	0.00	0.00
MEDICARE (MED)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
OPERATING ROOM CONSULTATION(2927)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
MEDICARE (MED)	1	1	1	231.00	58.13	0.00	158.04	0.00	0.00
FLOW CYTOMETRY, 9 - 15 MARKERS (2929)	1	1	1	231.00	58.13	0.00	158.04	0.00	0.00
BLUE (BLU)	1	1	1	423.00	91.47	0.00	331.53	0.00	0.00
MEDICARE (MED)	10	9	9	4,230.00	526.06	0.00	4,112.94	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	423.00	114.39	0.00	308.61	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	12	11	11	5,076.00	731.92	0.00	4,753.08	0.00	0.00
BLUE (BLU)	1	1	1	219.00	50.71	0.00	168.29	0.00	0.00
MEDICARE (MED)	4	4	4	876.00	246.86	0.00	846.01	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	5	5	5	1,095.00	297.57	0.00	1,014.30	0.00	0.00
MEDICARE (MED)	3	3	3	210.00	72.59	0.00	207.41	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	3	3	3	210.00	72.59	0.00	207.41	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
BLUE (BLU)	0	1	1	280.00	83.84	280.00	0.00	0.00	0.00
MEDICARE (MED)	0	1	1	280.00	82.50	280.00	0.00	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	0	2	2	560.00	166.34	560.00	0.00	0.00	0.00
MEDICARE (MED)	69	17	17	3,105.00	2,570.17	0.00	1,573.99	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	69	17	17	3,105.00	2,570.17	0.00	1,573.99	0.00	0.00
MERCY HOSPITAL ST LOUIS IP(1)	333	221	219	49,325.02	14,116.98	560.00	37,409.83	6.21	0.00
BLUE (BLU)	1	1	1	69.00	31.00	0.00	38.00	0.00	0.00
MEDICARE (MED)	45	45	45	3,105.00	841.40	0.00	2,388.68	9.23	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	46	46	46	3,174.00	872.40	0.00	2,426.68	9.23	0.00
MEDICARE (MED)	7	7	7	567.00	127.12	0.00	439.88	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	7	7	7	567.00	127.12	0.00	439.88	0.00	0.00
MEDICARE (MED)	8	8	8	648.00	145.28	0.00	502.72	0.00	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	8	8	8	648.00	145.28	0.00	502.72	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 80

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS						
BLUE(BLU)	1	1	1	70.00	32.00	0.00	38.00	0.00	0.00
MEDICARE(MED)	28	28	28	1,960.00	522.86	0.00	1,503.08	0.37	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	29	29	29	2,030.00	554.86	0.00	1,541.08	0.37	0.00
MEDICARE(MED)	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	1	1	1	204.00	28.25	0.00	175.75	0.00	0.00
MEDICARE(MED)	2	2	2	210.00	50.92	0.00	159.08	0.00	0.00
TOUCH PREP(1641)	2	2	2	210.00	50.92	0.00	159.08	0.00	0.00
MEDICARE(MED)	1	1	1	211.00	57.49	0.00	138.84	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	1	1	1	211.00	57.49	0.00	138.84	0.00	0.00
MEDICARE(MED)	4	3	3	308.00	29.28	0.00	278.72	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	1	1	1	77.00	0.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	5	4	4	385.00	29.28	0.00	278.72	0.00	0.00
MEDICARE(MED)	5	6	6	660.00	73.41	110.00	490.70	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	5	6	6	660.00	73.41	110.00	490.70	0.00	0.00
BLUE(BLU)	1	1	1	175.00	38.72	0.00	136.28	0.00	0.00
MEDICARE(MED)	444	265	264	78,050.00	17,508.10	350.00	61,863.87	35.21	0.00
PERSONAL(PER)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	444	266	265	78,225.00	17,546.82	525.00	62,000.15	35.21	0.00
MEDICARE(MED)	32	24	24	8,783.00	2,823.29	0.00	6,421.00	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	32	24	24	8,783.00	2,823.29	0.00	6,421.00	0.00	0.00
MEDICARE(MED)	37	38	37	1,983.00	484.87	39.00	1,458.85	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	37	38	37	1,983.00	484.87	39.00	1,458.85	0.00	0.00
MEDICARE(MED)	25	16	16	2,226.00	581.35	0.00	1,366.98	0.45	0.00
SPECIAL STAIN - GROUP 1(1699)	25	16	16	2,226.00	581.35	0.00	1,366.98	0.45	0.00
MEDICARE(MED)	83	38	37	6,375.00	1,006.44	150.00	5,273.63	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	83	38	37	6,375.00	1,006.44	150.00	5,273.63	0.00	0.00
MEDICARE(MED)	2	2	2	423.00	128.16	0.00	294.84	0.00	0.00
FROZEN SECTION EXAM(1715)	2	2	2	423.00	128.16	0.00	294.84	0.00	0.00
MEDICARE(MED)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	1	1	1	99.00	31.67	0.00	67.33	0.00	0.00
BLUE(BLU)	1	1	1	128.00	36.28	0.00	91.72	0.00	0.00
MEDICARE(MED)	97	88	87	13,862.00	3,582.66	128.00	10,219.60	2.95	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	98	89	88	13,990.00	3,618.94	128.00	10,311.32	2.95	0.00
MEDICARE(MED)	2	2	2	360.00	80.84	0.00	270.02	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	2	2	2	360.00	80.84	0.00	270.02	0.00	0.00
MEDICARE(MED)	7	7	7	490.00	127.12	0.00	362.88	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	7	7	7	490.00	127.12	0.00	362.88	0.00	0.00
MEDICARE(MED)	56	56	55	4,446.00	0.00	78.00	4,446.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 81

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
PERIPHERIAL BLOOD SMEAR EXAM(2244)	56	56	55	4,446.00	0.00	78.00	4,446.00	0.00	0.00
MEDICARE (MED)	1	1	1	175.00	30.84	0.00	136.29	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	1	1	1	175.00	30.84	0.00	136.29	0.00	0.00
MEDICARE (MED)	1	1	1	190.00	45.41	0.00	133.00	0.00	0.00
FLOW CYTOMETRY, 2 - 8 MARKERS (2928)	1	1	1	190.00	45.41	0.00	133.00	0.00	0.00
MEDICARE (MED)	49	50	49	21,150.00	4,166.05	423.00	17,369.24	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29	49	50	49	21,150.00	4,166.05	423.00	17,369.24	0.00	0.00
MEDICARE (MED)	33	34	33	7,446.00	1,675.41	219.00	5,749.91	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	33	34	33	7,446.00	1,675.41	219.00	5,749.91	0.00	0.00
MEDICARE (MED)	8	8	8	560.00	145.28	0.00	414.72	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	8	8	8	560.00	145.28	0.00	414.72	0.00	0.00
MEDICARE (MED)	11	11	11	0.11	0.00	0.00	0.00	0.10	0.00
PQRI - BARRETT'S ESOPHAGUS(3126F)	11	11	11	0.11	0.00	0.00	0.00	0.10	0.00
MEDICARE (MED)	9	9	9	810.00	190.72	0.00	661.20	4.04	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	9	9	9	810.00	190.72	0.00	661.20	4.04	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	6	4	4	1,120.00	329.53	280.00	592.50	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	6	4	4	1,120.00	329.53	280.00	592.50	0.00	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
PQRS HER 2 IHC(3394F)	3	3	3	0.03	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	302	65	64	13,770.00	8,527.91	180.00	4,874.98	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	302	65	64	13,770.00	8,527.91	180.00	4,874.98	0.00	0.00
MEDICARE (MED)	1	1	1	175.00	0.00	0.00	0.00	0.00	0.00
PROSTATE NEEDLE BIOPSY(3544)	1	1	1	175.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	1	1	1	120.00	28.36	0.00	84.41	0.00	0.00
ADDITIONAL ISH PRCBES BASIC READ(3577	1	1	1	120.00	28.36	0.00	84.41	0.00	0.00
MEDICARE (MED)	8	4	4	1,120.00	294.35	0.00	841.10	0.65	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	8	4	4	1,120.00	294.35	0.00	841.10	0.65	0.00
MEDICARE (MED)	24	7	7	4,320.00	1,126.15	0.00	2,608.13	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	24	7	7	4,320.00	1,126.15	0.00	2,608.13	0.00	0.00
MEDICARE (MED)	3	3	3	384.00	109.40	0.00	274.60	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	3	3	3	384.00	109.40	0.00	274.60	0.00	0.00
MEDICARE (MED)	9	3	3	405.00	260.68	0.00	144.32	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	9	3	3	405.00	260.68	0.00	144.32	0.00	0.00
MEDICARE (MED)	9	9	9	1,412.00	1,320.00	0.00	20.00	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS(GO	9	9	9	1,412.00	1,320.00	0.00	20.00	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	1,371	859	851	178,646.16	46,618.60	2,132.00	132,330.85	53.06	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 82

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS		PATIENTS	PAYMENTS	ADJUSTMENTS			ADJUSTMENTS
MEDICARE (MED)	3	3	3	207.00	47.10	0.00	152.52	3.69	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	3	3	3	207.00	47.10	0.00	152.52	3.69	0.00
MEDICARE (MED)	3	3	3	210.00	0.00	0.00	210.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	3	3	3	210.00	0.00	0.00	210.00	0.00	0.00
MEDICARE (MED)	35	21	21	6,125.00	1,416.17	0.00	4,905.75	1.57	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	35	21	21	6,125.00	1,416.17	0.00	4,905.75	1.57	0.00
MEDICARE (MED)	11	7	7	3,059.00	767.98	0.00	1,703.02	0.00	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	11	7	7	3,059.00	767.98	0.00	1,703.02	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	12.85	0.00	26.15	0.00	0.00
DECALCIFICATION PROCEDURE (1698)	0	0	0	0.00	12.85	0.00	26.15	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	24.36	0.00	125.64	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	0	0	0	0.00	24.36	0.00	125.64	0.00	0.00
MEDICARE (MED)	2	1	1	400.00	128.16	0.00	271.84	0.00	0.00
FROZEN SECTION EXAM (1715)	2	1	1	400.00	128.16	0.00	271.84	0.00	0.00
MEDICARE (MED)	2	1	1	198.00	63.35	0.00	134.65	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL (1716)	2	1	1	198.00	63.35	0.00	134.65	0.00	0.00
MEDICARE (MED)	17	13	13	2,406.00	580.77	0.00	1,629.21	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	17	13	13	2,406.00	580.77	0.00	1,629.21	0.00	0.00
MEDICARE (MED)	2	2	2	156.00	0.00	0.00	234.00	0.00	0.00
PERIPHERIAL BLOOD SMEAR EXAM (2244)	2	2	2	156.00	0.00	0.00	234.00	0.00	0.00
MEDICARE (MED)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
OPERATING ROOM CONSULTATION (2927)	1	1	1	122.00	36.96	0.00	85.04	0.00	0.00
MEDICARE (MED)	1	1	1	423.00	201.12	0.00	644.88	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	1	1	1	423.00	201.12	0.00	644.88	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	219.00	0.00	0.00
BONE MARROW SMEAR EXAM (2935)	0	0	0	0.00	0.00	0.00	219.00	0.00	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PHYS QUALITY RPTING INITIATIVE (3260F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC (3394F)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	34	9	9	1,530.00	899.55	0.00	500.87	0.09	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	34	9	9	1,530.00	899.55	0.00	500.87	0.09	0.00
MEDICARE (MED)	10	5	5	3,240.00	860.16	0.00	1,862.18	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	18	5	5	3,240.00	860.16	0.00	1,862.18	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC (5)	134	72	72	18,076.05	5,038.53	0.00	12,704.75	5.39	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 83

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

██████ ██████ █ ███

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS			

TOTAL	1,838	1,152	1,142	246,047.23	65,774.11	2,692.00	182,445.43	64.66	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 84

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS						
MEDICARE (MED)	1	1	1	81.00	18.16	0.00	62.84	0.00	0.00
OLIGOCLONAL BANDS (0672)	1	1	1	81.00	18.16	0.00	62.84	0.00	0.00
BLUE (BLU)	1	1	1	69.00	18.46	0.00	50.54	0.00	0.00
MEDICARE (MED)	9	9	9	621.00	163.06	0.00	457.56	0.37	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	10	10	10	690.00	181.52	0.00	508.10	0.37	0.00
MEDICARE (MED)	5	5	5	405.00	94.49	0.00	314.20	0.00	0.00
ELECTROPHORESIS, 24-H URINE (0746)	5	5	5	405.00	94.49	0.00	314.20	0.00	0.00
MEDICARE (MED)	2	2	2	162.00	40.00	0.00	125.68	0.00	0.00
ELECTROPHORESIS, RANDOM URINE (0748)	2	2	2	162.00	40.00	0.00	125.68	0.00	0.00
BLUE (BLU)	1	1	1	70.00	18.46	0.00	51.54	0.00	0.00
MEDICARE (MED)	8	8	8	560.00	144.90	0.00	414.72	0.37	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	9	9	9	630.00	163.36	0.00	466.26	0.37	0.00
MEDICAID (MCD)	0	1	1	204.00	0.00	204.00	0.00	0.00	0.00
MEDICARE (MED)	33	31	30	6,812.00	931.20	0.00	5,859.59	1.14	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163)	33	32	31	7,016.00	931.20	204.00	5,859.59	1.14	0.00
MEDICARE (MED)	6	4	4	1,314.00	388.95	0.00	881.05	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET (1647)	6	4	4	1,314.00	388.95	0.00	881.05	0.00	0.00
MEDICARE (MED)	4	3	3	308.00	21.96	0.00	209.04	0.00	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	4	3	3	308.00	21.96	0.00	209.04	0.00	0.00
MEDICARE (MED)	21	21	21	2,310.00	321.68	0.00	2,210.25	4.98	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	21	21	21	2,310.00	321.68	0.00	2,210.25	4.98	0.00
MEDICARE (MED)	61	34	34	10,675.00	2,215.51	0.00	8,185.66	0.79	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	61	34	34	10,675.00	2,215.51	0.00	8,185.66	0.79	0.00
MEDICARE (MED)	40	28	28	11,210.00	3,685.03	0.00	7,946.54	0.00	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	40	28	28	11,210.00	3,685.03	0.00	7,946.54	0.00	0.00
MEDICARE (MED)	13	13	13	6,026.00	2,198.89	427.00	3,908.60	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	13	13	13	6,026.00	2,198.89	427.00	3,908.60	0.00	0.00
MEDICARE (MED)	19	17	17	1,072.00	232.43	0.00	586.55	2.61	0.00
DECALCIFICATION PROCEDURE (1698)	19	17	17	1,072.00	232.43	0.00	586.55	2.61	0.00
MEDICARE (MED)	12	6	6	1,062.00	374.33	0.00	837.67	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	12	6	6	1,062.00	374.33	0.00	837.67	0.00	0.00
MEDICAID (MCD)	0	1	1	150.00	0.00	150.00	0.00	0.00	0.00
MEDICARE (MED)	7	6	6	525.00	82.32	0.00	439.58	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	7	7	7	675.00	82.32	150.00	439.58	0.00	0.00
MEDICARE (MED)	9	3	3	1,961.00	482.29	0.00	1,384.29	0.00	0.00
FROZEN SECTION EXAM (1715)	9	3	3	1,961.00	482.29	0.00	1,384.29	0.00	0.00
MEDICARE (MED)	41	39	39	5,648.00	1,657.70	0.00	4,586.30	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	41	39	39	5,648.00	1,657.70	0.00	4,586.30	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 85

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	1	1	1	180.00	44.99	0.00	135.01	0.00	0.00
INITIAL ISH PROBE BASIC READ(1734)	1	1	1	180.00	44.99	0.00	135.01	0.00	0.00
MEDICARE (MED)	4	4	4	280.00	72.64	0.00	207.36	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	4	4	4	280.00	72.64	0.00	207.36	0.00	0.00
MEDICAID (MCD)	0	1	1	175.00	0.00	175.00	0.00	0.00	0.00
MEDICARE (MED)	31	27	26	5,425.00	1,182.89	0.00	4,225.51	0.78	0.00
PATH EXAM FLUID CELL BLOCK(2734)	31	28	27	5,600.00	1,182.89	175.00	4,225.51	0.78	0.00
MEDICARE (MED)	2	2	2	140.00	40.00	0.00	103.68	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	2	2	2	140.00	40.00	0.00	103.68	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - BARRETT'S ESOPHAGUS (3126F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	50.00	0.00	0.00	0.00	50.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	50.00	0.00	0.00	0.00	50.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	0.01	0.00
PQRI - PROSTATE (3267F)	0	0	0	0.00	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	0	1	1	280.00	0.00	280.00	0.00	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION(	0	1	1	280.00	0.00	280.00	0.00	0.00	0.00
MEDICARE (MED)	134	29	29	6,030.00	4,216.67	0.00	2,548.79	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	134	29	29	6,030.00	4,216.67	0.00	2,548.79	0.00	0.00
MEDICARE (MED)	1	1	1	120.00	35.59	0.00	84.41	0.00	0.00
ADDITIONAL ISH PROBES BASIC READ(3577	1	1	1	120.00	35.59	0.00	84.41	0.00	0.00
MEDICARE (MED)	1	1	1	140.00	79.38	0.00	200.62	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3583)	1	1	1	140.00	79.38	0.00	200.62	0.00	0.00
MEDICARE (MED)	2	1	1	360.00	221.52	0.00	498.48	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	2	1	1	360.00	221.52	0.00	498.48	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS - LUNG EX/CYTOLOGY(G9418)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
PQRI - LUNG RESECTION(G9422)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
MERCY HOSPITAL ST LOUIS IP(1)	475	308	306	64,425.05	18,983.50	1,236.00	46,516.06	61.11	0.00
MEDICARE (MED)	1	1	1	81.00	0.00	0.00	0.00	0.00	0.00
OLIGOCLONAL BANDS(0672)	1	1	1	81.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	46	46	46	3,174.00	914.50	0.00	2,545.58	0.92	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	1	1	1	69.00	0.00	0.00	0.00	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	47	47	47	3,243.00	914.50	0.00	2,545.58	0.92	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 86

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
MEDICARE (MED)	5	5	5	405.00	72.64	0.00	251.36	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	81.00	11.99	0.00	69.01	0.00	0.00
ELECTROPHORESIS, 24-H URINE (0746)	6	6	6	486.00	84.63	0.00	320.37	0.00	0.00
MEDICARE (MED)	9	9	9	729.00	181.55	0.00	628.45	0.00	0.00
ELECTROPHORESIS, RANDOM URINE (0748)	9	9	9	729.00	181.55	0.00	628.45	0.00	0.00
MEDICARE (MED)	26	26	26	1,820.00	504.04	0.00	1,455.00	0.92	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	26	26	26	1,820.00	504.04	0.00	1,455.00	0.92	0.00
MEDICARE (MED)	66	50	50	13,664.00	1,666.93	0.00	10,121.78	3.90	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163)	66	50	50	13,664.00	1,666.93	0.00	10,121.78	3.90	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	5.16	0.00	0.00
TOUCH PREP (1641)	0	0	0	0.00	0.00	0.00	5.16	0.00	0.00
MEDICARE (MED)	51	35	35	11,017.00	3,937.70	0.00	7,255.79	3.82	0.00
CYTOPATH EXAM-FNA INTERPRET (1647)	51	35	35	11,017.00	3,937.70	0.00	7,255.79	3.82	0.00
MEDICARE (MED)	8	8	8	616.00	57.06	0.00	557.44	2.98	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	8	8	8	616.00	57.06	0.00	557.44	2.98	0.00
MEDICARE (MED)	18	14	14	1,980.00	220.11	0.00	1,865.07	2.41	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	18	14	14	1,980.00	220.11	0.00	1,865.07	2.41	0.00
MEDICARE (MED)	312	200	200	54,600.00	12,265.52	0.00	42,258.06	11.80	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	312	200	200	54,600.00	12,265.52	0.00	42,258.06	11.80	0.00
BLUE (BLU)	1	1	1	269.00	170.00	0.00	99.00	0.00	0.00
MEDICARE (MED)	57	35	35	16,008.00	4,702.37	0.00	10,862.32	0.00	0.00
PERSONAL (PER)	1	1	1	269.00	0.00	0.00	269.00	0.00	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	59	37	37	16,546.00	4,872.37	0.00	11,230.32	0.00	0.00
MEDICARE (MED)	7	6	6	3,021.00	738.87	0.00	1,397.05	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	7	6	6	3,021.00	738.87	0.00	1,397.05	0.00	0.00
MEDICARE (MED)	8	7	7	550.00	74.78	0.00	326.60	0.00	0.00
DECALCIFICATION PROCEDURE (1698)	8	7	7	550.00	74.78	0.00	326.60	0.00	0.00
MEDICARE (MED)	10	5	5	858.00	264.14	0.00	528.66	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	10	5	5	858.00	264.14	0.00	528.66	0.00	0.00
MEDICARE (MED)	8	8	8	600.00	102.72	0.00	502.24	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	8	8	8	600.00	102.72	0.00	502.24	0.00	0.00
BLUE (BLU)	1	1	1	200.00	110.00	0.00	90.00	0.00	0.00
MEDICARE (MED)	5	5	5	1,023.00	320.40	0.00	702.60	0.00	0.00
FROZEN SECTION EXAM (1715)	6	6	6	1,223.00	430.40	0.00	792.60	0.00	0.00
MEDICARE (MED)	4	3	3	469.00	126.69	0.00	342.31	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL (1716)	4	3	3	469.00	126.69	0.00	342.31	0.00	0.00
MEDICARE (MED)	84	70	70	12,138.00	2,591.65	0.00	7,413.16	0.74	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	84	70	70	12,138.00	2,591.65	0.00	7,413.16	0.74	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 87

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS							
MEDICARE (MED)	5	5	5	350.00	72.64	0.00	207.36	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	1	1	1	70.00	19.73	0.00	50.27	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	6	6	6	420.00	92.37	0.00	257.63	0.00	0.00
MEDICARE (MED)	51	36	36	8,925.00	2,272.08	0.00	7,359.55	0.64	0.00
PATH EXAM FLUID CELL BLOCK (2734)	51	36	36	8,925.00	2,272.08	0.00	7,359.55	0.64	0.00
MEDICARE (MED)	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29)	1	1	1	423.00	90.01	0.00	332.99	0.00	0.00
MEDICARE (MED)	2	2	2	688.00	85.84	0.00	258.16	0.00	0.00
OUTSIDE CASE CONSULTATION (2931)	2	2	2	688.00	85.84	0.00	258.16	0.00	0.00
MEDICARE (MED)	9	9	9	630.00	181.55	0.00	518.45	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	9	9	9	630.00	181.55	0.00	518.45	0.00	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
PQRI - BARRETT'S ESOPHAGUS (3126F)	2	2	2	0.02	0.00	0.00	0.00	0.03	0.00
MEDICARE (MED)	13	13	13	1,010.00	356.07	0.00	679.53	12.12	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	13	13	13	1,010.00	356.07	0.00	679.53	12.12	0.00
MEDICARE (MED)	6	6	6	0.06	0.00	0.00	0.00	0.06	0.00
PHYS QUALITY RPTNG INITIATIVE (3260P)	6	6	6	0.06	0.00	0.00	0.00	0.06	0.00
MEDICARE (MED)	0	0	0	0.00	80.22	0.00	199.78	0.00	0.00
INITIAL ISH READING W/QUANTIFICATION (	0	0	0	0.00	80.22	0.00	199.78	0.00	0.00
MEDICARE (MED)	5	5	5	0.05	0.00	0.00	0.00	0.05	0.00
PQRS HER 2 IHC (3394F)	5	5	5	0.05	0.00	0.00	0.00	0.05	0.00
MEDICARE (MED)	145	38	38	7,020.00	3,941.12	495.00	2,142.08	2.82	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	145	38	38	7,020.00	3,941.12	495.00	2,142.08	2.82	0.00
MEDICARE (MED)	7	3	3	980.00	349.43	0.00	902.49	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3583)	7	3	3	980.00	349.43	0.00	902.49	0.00	0.00
MEDICARE (MED)	24	9	9	4,320.00	1,303.56	0.00	2,982.41	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	24	9	9	4,320.00	1,303.56	0.00	2,982.41	0.00	0.00
MEDICARE (MED)	4	4	4	512.00	109.40	0.00	274.60	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL (3691)	4	4	4	512.00	109.40	0.00	274.60	0.00	0.00
MEDICARE (MED)	20	6	6	900.00	365.93	0.00	207.50	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL (3	20	6	6	900.00	365.93	0.00	207.50	0.00	0.00
MEDICARE (MED)	10	10	10	1,525.00	1,563.60	0.00	26.40	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS (GO	10	10	10	1,525.00	1,563.60	0.00	26.40	0.00	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS - LUNG BX/CYTOLOGY (G9418)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MERCY HOSPITAL ST LOUIS OP (2)	1,037	690	690	150,994.15	39,824.84	495.00	105,687.21	43.23	0.00
MEDICARE (MED)	4	4	4	276.00	68.95	0.00	203.36	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017
 [REDACTED] [REDACTED] [REDACTED]

Page: 88
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
ELECTROPHORESIS SERUM PROTEIN(0745)	4	4	4	276.00	68.95	0.00	203.36	0.00	0.00
MEDICARE (MED)	1	1	1	81.00	18.16	0.00	62.84	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	1	1	1	81.00	18.16	0.00	62.84	0.00	0.00
MEDICARE (MED)	3	3	3	243.00	54.48	0.00	188.52	0.00	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	3	3	3	243.00	54.48	0.00	188.52	0.00	0.00
MEDICARE (MED)	4	4	4	280.00	0.00	0.00	280.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	4	4	4	280.00	0.00	0.00	280.00	0.00	0.00
MEDICARE (MED)	1	1	1	110.00	9.45	0.00	98.14	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	1	1	1	110.00	9.45	0.00	98.14	0.00	0.00
MEDICARE (MED)	13	9	9	2,275.00	550.91	0.00	1,771.14	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	1	1	1	175.00	30.84	0.00	136.29	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	14	10	10	2,450.00	581.75	0.00	1,907.43	0.00	0.00
MEDICARE (MED)	2	2	2	588.00	340.09	0.00	785.91	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	2	2	2	588.00	340.09	0.00	785.91	0.00	0.00
MEDICARE (MED)	5	5	5	708.00	217.50	0.00	618.50	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	5	5	5	708.00	217.50	0.00	618.50	0.00	0.00
MEDICARE (MED)	1	1	1	70.00	0.00	0.00	70.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	1	1	1	70.00	0.00	0.00	70.00	0.00	0.00
MEDICARE (MED)	3	3	3	210.00	0.00	0.00	210.00	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	3	3	3	210.00	0.00	0.00	210.00	0.00	0.00
MEDICARE (MED)	1	1	1	122.00	0.00	0.00	122.00	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	122.00	0.00	0.00	122.00	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.02	0.00
PHYS QUALITY RPTING INITIATIVE(3260F)	1	1	1	0.01	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS HER 2 IHC(3354F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	5	2	2	225.00	144.65	0.00	80.35	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	5	2	2	225.00	144.65	0.00	80.35	0.00	0.00
MEDICARE (MED)	8	3	3	1,440.00	446.43	0.00	993.57	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	8	3	3	1,440.00	446.43	0.00	993.57	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	54	42	42	6,803.02	1,881.46	0.00	5,620.62	0.03	0.00
TOTAL	1,566	1,040	1,038	222,222.22	60,689.80	1,731.00	157,823.89	104.37	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 89

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT	# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU	
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS			
MEDICARE (MED)	0	0	0	0.00	14.43	0.00	62.89	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	0	0	0	0.00	14.43	0.00	62.89	0.00	0.00
MEDICARE (MED)	41	33	32	8,500.00	1,043.05	0.00	6,806.63	5.59	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163)	41	33	32	8,500.00	1,043.05	0.00	6,806.63	5.59	0.00
MEDICARE (MED)	6	5	5	1,298.00	450.58	0.00	834.27	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	6	5	5	1,298.00	450.58	0.00	834.27	0.00	0.00
MEDICARE (MED)	2	2	2	154.00	8.65	0.00	69.83	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	2	2	2	154.00	8.65	0.00	69.83	0.00	0.00
MEDICARE (MED)	22	21	20	2,420.00	253.10	0.00	2,164.51	7.73	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	22	21	20	2,420.00	253.10	0.00	2,164.51	7.73	0.00
MEDICARE (MED)	73	48	48	12,775.00	2,704.36	0.00	9,687.40	3.08	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	128.33	0.00	46.67	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	73	48	48	12,775.00	2,832.69	0.00	9,734.07	3.08	0.00
MEDICARE (MED)	33	27	27	9,377.00	2,609.17	0.00	6,276.43	10.24	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	33	27	27	9,377.00	2,609.17	0.00	6,276.43	10.24	0.00
MEDICARE (MED)	7	7	7	3,029.00	1,154.38	0.00	2,271.58	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	7	7	7	3,029.00	1,154.38	0.00	2,271.58	0.00	0.00
MEDICARE (MED)	35	34	33	1,909.00	482.90	0.00	1,436.92	7.24	0.00
DECALCIFICATION PROCEDURE(1698)	35	34	33	1,909.00	482.90	0.00	1,436.92	7.24	0.00
MEDICARE (MED)	13	8	8	1,191.00	344.24	0.00	775.03	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	13	8	8	1,191.00	344.24	0.00	775.03	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	12.78-	0.00	0.00
SPECIAL STAIN - GROUP 2(1701)	0	0	0	0.00	0.00	0.00	12.78-	0.00	0.00
MEDICARE (MED)	13	4	4	975.00	155.69	0.00	819.31	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	13	4	4	975.00	155.69	0.00	819.31	0.00	0.00
MEDICARE (MED)	6	4	4	1,200.00	376.80	0.00	823.20	0.00	0.00
FROZEN SECTION EXAM(1715)	6	4	4	1,200.00	376.80	0.00	823.20	0.00	0.00
MEDICARE (MED)	32	29	28	4,504.00	1,122.93	0.00	3,205.65	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	32	29	28	4,504.00	1,122.93	0.00	3,205.65	0.00	0.00
MEDICARE (MED)	3	3	3	135.00	53.40	0.00	81.60	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT(1748)	3	3	3	135.00	53.40	0.00	81.60	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	14.43	0.00	51.89	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	0	0	0	0.00	14.43	0.00	51.89	0.00	0.00
MEDICARE (MED)	34	25	24	5,950.00	1,019.17	0.00	3,707.95	4.41	0.00
PATH EXAM FLUID CELL BLOCK(2734)	34	25	24	5,950.00	1,019.17	0.00	3,707.95	4.41	0.00
MEDICARE (MED)	1	1	1	423.00	88.21	0.00	334.79	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS(29)	1	1	1	423.00	88.21	0.00	334.79	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 90

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
PHYS QUALITY RPTING INITIATIVE(3260F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRS HER 2 IHC(3394F)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	111	19	18	5,040.00	2,993.98	45.00	1,686.70	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	111	19	18	5,040.00	2,993.98	45.00	1,686.70	0.00	0.00
MEDICARE (MED)	3	1	1	540.00	164.07	0.00	375.93	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	3	1	1	540.00	164.07	0.00	375.93	0.00	0.00
MEDICARE (MED)	2	2	2	256.00	71.08	0.00	184.92	0.00	0.00
MMRP IMMUNOCYTO STAIN INITIAL(3691)	2	2	2	256.00	71.08	0.00	184.92	0.00	0.00
MEDICARE (MED)	6	2	2	270.00	170.10	0.00	99.90	0.00	0.00
MMRP IMMUNOCYTOCHEMISTRY STAIN ADDL(3	6	2	2	270.00	170.10	0.00	99.90	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	35.08-	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(G0461)	0	0	0	0.00	0.00	0.00	35.08-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	114.17-	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(G0462)	0	0	0	0.00	0.00	0.00	114.17-	0.00	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
PQRI - COLORECTAL(G8721)	1	1	1	0.01	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	6	5	5	0.06	0.00	0.00	0.00	0.06	0.00
PQRS - LUNG BX/CYTOLOGY(G9418)	6	5	5	0.06	0.00	0.00	0.00	0.06	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.01	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	3	3	3	0.03	0.00	0.00	0.00	0.01	0.00
MEDICARE (MED)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
PQRI - LUNG RESECTION(G9422)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
MERCY HOSPITAL ST LOUIS IP(1)	459	290	284	59,946.16	15,423.05	45.00	41,641.97	38.43	0.00
MEDICARE (MED)	1	1	1	69.00	17.80	0.00	51.20	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	1	1	1	69.00	17.80	0.00	51.20	0.00	0.00
MEDICARE (MED)	1	1	1	70.00	17.80	0.00	52.20	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	1	1	1	70.00	17.80	0.00	52.20	0.00	0.00
MEDICARE (MED)	58	49	49	12,136.00	1,374.66	0.00	7,578.77	242.65-	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	58	49	49	12,136.00	1,374.66	0.00	7,578.77	242.65-	0.00
MEDICARE (MED)	5	1	1	1,000.00	180.96	0.00	819.04	0.00	0.00
FNA IMMEDIATE EVALUATION(1646)	5	1	1	1,000.00	180.96	0.00	819.04	0.00	0.00
HMO (HMO)	1	1	1	211.00	56.34	0.00	139.14	1.15	0.00
MEDICARE (MED)	55	45	45	12,149.00	3,085.92	0.00	6,505.17	1.17	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	56	46	46	12,360.00	3,142.26	0.00	6,644.31	2.32	0.00
MEDICARE (MED)	10	9	9	770.00	71.42	0.00	698.29	1.77	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	10	9	9	770.00	71.42	0.00	698.29	1.77	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 91

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
BLUE (BLU)	1	1	1	110.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	13	13	13	1,430.00	136.60	0.00	1,180.56	5.17	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	14	14	14	1,540.00	136.60	0.00	1,180.56	5.17	0.00
BLUE (BLU)	0	0	0	0.00	200.00	0.00	0.00	0.00	0.00
HMO (HMO)	2	1	1	350.00	60.45	0.00	272.90	1.23	0.00
MEDICARE (MED)	443	261	261	77,700.00	16,256.98	175.00	61,839.87	30.49	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	3	1	1	525.00	385.00	0.00	140.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	448	263	263	78,575.00	16,902.43	175.00	62,252.77	31.72	0.00
MEDICARE (MED)	33	27	27	9,352.00	2,575.25	0.00	5,908.93	5.14	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	33	27	27	9,352.00	2,575.25	0.00	5,908.93	5.14	0.00
MEDICARE (MED)	2	2	2	862.00	147.78	0.00	279.22	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	2	2	2	862.00	147.78	0.00	279.22	0.00	0.00
MEDICARE (MED)	19	19	19	1,149.00	257.83	0.00	892.72	5.92	0.00
DECALCIFICATION PROCEDURE (1698)	19	19	19	1,149.00	257.83	0.00	892.72	5.92	0.00
MEDICARE (MED)	12	7	7	1,035.00	345.97	0.00	758.54	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	12	7	7	1,035.00	345.97	0.00	758.54	0.00	0.00
MEDICARE (MED)	1	1	1	75.00	11.98	0.00	63.02	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	67.57	0.00	0.00	0.00	0.00
SPECIAL STAIN - GROUP 2 (1703)	1	1	1	75.00	79.55	0.00	63.02	0.00	0.00
MEDICARE (MED)	12	9	9	2,515.00	703.71	0.00	1,601.20	0.00	0.00
FROZEN SECTION EXAM (1715)	12	9	9	2,515.00	703.71	0.00	1,601.20	0.00	0.00
MEDICARE (MED)	80	63	62	11,634.00	2,189.79	0.00	6,859.60	1.32	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	80	63	62	11,634.00	2,189.79	0.00	6,859.60	1.32	0.00
MEDICARE (MED)	0	0	0	0.00	55.85	0.00	0.00	0.00	0.00
IHC STAINS (ER/PR/HER-2NEU) (1732)	0	0	0	0.00	55.85	0.00	0.00	0.00	0.00
MEDICARE (MED)	2	2	2	90.00	35.60	0.00	54.40	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT (1748)	2	2	2	90.00	35.60	0.00	54.40	0.00	0.00
MEDICARE (MED)	37	27	27	6,475.00	1,041.41	0.00	3,698.90	0.63	0.00
PATH EXAM FLUID CELL BLOCK (2734)	37	27	27	6,475.00	1,041.41	0.00	3,698.90	0.63	0.00
MEDICARE (MED)	1	1	1	423.00	70.28	0.00	334.79	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	1	1	1	423.00	70.28	0.00	334.79	0.00	0.00
MEDICARE (MED)	4	3	3	971.00	252.39	0.00	718.61	0.00	0.00
OUTSIDE CASE CONSULTATION (2931)	4	3	3	971.00	252.39	0.00	718.61	0.00	0.00
MEDICARE (MED)	10	10	10	0.10	0.00	0.00	0.00	0.10	0.00
PQRI - BARRETT'S ESOPHAGUS (3126F)	10	10	10	0.10	0.00	0.00	0.00	0.10	0.00
MEDICARE (MED)	9	9	9	738.00	210.37	0.00	551.67	7.92	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	9	9	9	738.00	210.37	0.00	551.67	7.92	0.00
MEDICARE (MED)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 92

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES		CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS	CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS		
PHYS QUALITY RPTING INITIATIVE(3260F)	3	3	3	0.03	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	5	5	5	0.05	0.00	0.00	0.00	0.04	0.00
PQRS HER 2 IHC(3394F)	5	5	5	0.05	0.00	0.00	0.00	0.04	0.00
MEDICARE (MED)	91	24	23	4,275.00	2,247.39	180.00	1,304.87	1.32	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	91	24	23	4,275.00	2,247.39	180.00	1,304.87	1.32	0.00
MEDICARE (MED)	25	9	9	4,500.00	1,225.63	0.00	2,756.82	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	25	9	9	4,500.00	1,225.63	0.00	2,756.82	0.00	0.00
MEDICARE (MED)	2	2	2	256.00	71.08	0.00	184.92	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL(3691)	2	2	2	256.00	71.08	0.00	184.92	0.00	0.00
MEDICARE (MED)	6	2	2	270.00	170.10	0.00	99.90	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL(3	6	2	2	270.00	170.10	0.00	99.90	0.00	0.00
MEDICARE (MED)	1	1	1	150.00	0.00	0.00	0.00	0.00	0.00
PROSTATE NEEDLE BX 10-20 SPECIMENS(GO	1	1	1	150.00	0.00	0.00	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	6.10-	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(G0461)	0	0	0	0.00	0.00	0.00	6.10-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	32.27-	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(G0462)	0	0	0	0.00	0.00	0.00	32.27-	0.00	0.00
MEDICARE (MED)	6	6	6	0.06	0.00	0.00	0.00	0.04	0.00
PQRS - LUNG BX/CYTOLOGY(G9418)	6	6	6	0.06	0.00	0.00	0.00	0.04	0.00
MEDICARE (MED)	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
PQRS SMALL CELL LUNG CA OR NOT OF LUN	1	1	1	0.01	0.00	0.00	0.00	0.00	0.00
MERCY HOSPITAL ST LCUIS OP(2)	955	617	615	151,290.25	33,523.91	355.00	105,306.88	179.22-	0.00
MEDICARE (MED)	15	11	11	2,625.00	796.56	0.00	2,873.87	4.57	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	15	11	11	2,625.00	796.56	0.00	2,873.87	4.57	0.00
MEDICARE (MED)	18	7	7	5,167.00	1,505.34	0.00	3,661.66	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	18	7	7	5,167.00	1,505.34	0.00	3,661.66	0.00	0.00
MEDICARE (MED)	1	1	1	39.00	12.64	0.00	26.36	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	1	1	1	39.00	12.64	0.00	26.36	0.00	0.00
MEDICARE (MED)	2	1	1	400.00	125.60	0.00	274.40	0.00	0.00
FROZEN SECTION EXAM(1715)	2	1	1	400.00	125.60	0.00	274.40	0.00	0.00
MEDICARE (MED)	2	1	1	198.00	62.09	0.00	135.91	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	2	1	1	198.00	62.09	0.00	135.91	0.00	0.00
MEDICARE (MED)	12	6	6	1,774.00	284.94	0.00	969.06	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	12	6	6	1,774.00	284.94	0.00	969.06	0.00	0.00
MEDICARE (MED)	1	1	1	122.00	0.00	0.00	122.00	0.00	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	1	1	1	122.00	0.00	0.00	122.00	0.00	0.00
MEDICARE (MED)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 93

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
	PHYS QUALITY RPTING INITIATIVE(3260F)	4	4	4	0.04	0.00	0.00	0.00	0.04	0.00
MEDICARE (MED)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
PQRS HER 2 IHC(3394F)	2	2	2	0.02	0.00	0.00	0.00	0.02	0.00
MEDICARE (MED)	11	4	4	495.00	170.10	0.00	99.90	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	11	4	4	495.00	170.10	0.00	99.90	0.00	0.00
MEDICARE (MED)	5	2	2	900.00	181.21	0.00	717.62	1.17	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	5	2	2	900.00	181.21	0.00	717.62	1.17	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	73	40	40	11,720.06	3,138.48	0.00	8,880.78	5.80	0.00
TOTAL	1,487	947	939	222,956.47	52,085.44	400.00	155,829.63	134.99-	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 94
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
PREFERRED PROVIDER ORGANIZATION(PPO	0	0	0	0.00	18.92	0.00	62.08	0.00	0.00
OLIGOCLOLONAL BANDS(0672)	0	0	0	0.00	18.92	0.00	62.08	0.00	0.00
COMMERCIAL(COM)	0	0	0	0.00	18.40	0.00	50.60	0.00	0.00
MEDICAID(MCD)	0	0	0	0.00	2.15	0.00	50.89	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN(0745)	0	0	0	0.00	20.55	0.00	101.49	0.00	0.00
HMO(HMO)	0	0	0	0.00	24.51	0.00	0.00	0.00	0.00
MEDICAID(MCD)	0	0	0	0.00	1.65	0.00	62.89	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	0	0	0	0.00	0.94	0.00	0.00	0.00	0.00
ELECTROPHORESIS, 24-H URINE(0746)	0	0	0	0.00	27.10	0.00	62.89	0.00	0.00
COMMERCIAL(COM)	0	0	0	0.00	0.37-	0.00	0.00	0.37	0.00
MEDICAID(MCD)	0	0	0	0.00	2.15	0.00	62.89	0.00	0.00
ELECTROPHORESIS, RANDOM URINE(0748)	0	0	0	0.00	1.78	0.00	62.89	0.37	0.00
HMO(HMO)	0	0	0	0.00	14.98	0.00	0.00	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	0.00	0.00	53.22-	0.00	0.00
BONE MARROW SMEAR EXAM(0895)	0	0	0	0.00	14.98	0.00	53.22-	0.00	0.00
COMMERCIAL(COM)	0	0	0	0.00	18.40	0.00	51.60	0.00	0.00
MEDICAID(MCD)	0	0	0	0.00	1.33	0.00	51.89	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, SERUM	0	0	0	0.00	19.73	0.00	103.49	0.00	0.00
BLUE(BLU)	0	0	0	0.00	102.00-	0.00	102.00-	0.20	0.00
COMMERCIAL(COM)	0	0	0	0.00	28.62	0.00	175.38	0.00	0.00
MEDICAID(MCD)	-2	0	0	0.00	101.66-	408.00	519.12-	0.00	0.00
PERSONAL(PER)	0	0	0	0.00	0.00	0.00	49.58-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	0	0	0	0.00	87.21	0.00	147.99	0.00	0.00
PRE-COLLECTION(PRECO)	0	0	0	0.00	50.58	0.00	30.18-	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	-2	0	0	0.00	37.25-	408.00	377.51-	0.20	0.00
HMO(HMO)	0	0	0	0.00	150.00	0.00	0.00	0.00	0.00
PERSONAL(PER)	0	0	0	0.00	0.00	0.00	379.80-	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	0	0	0	0.00	150.00	0.00	379.80-	0.00	0.00
HMO(HMO)	0	0	0	0.00	7.10	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	0	0	0	0.00	35.64	0.00	41.36	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	0	0	0	0.00	42.74	0.00	41.36	0.00	0.00
BLUE(BLU)	0	0	0	0.00	60.00	0.00	49.99	0.00	0.00
COMMERCIAL(COM)	0	0	0	0.00	110.00	0.00	94.50-	0.00	0.00
HMO(HMO)	0	0	0	0.00	10.54-	0.00	0.00	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	0.00	0.00	0.00	2.33	0.00
PERSONAL(PER)	0	0	0	0.00	110.00	0.00	113.00-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	0	0	0	0.00	118.80	0.00	71.60	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	0	0	0	0.00	388.26	0.00	85.91-	2.33	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 95
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
BLUE(BLU)	0	0	0	0.00	50.00-	0.00	180.00-	0.00	0.00
HMO(HMO)	0	0	0	0.00	57.17	0.00	59.66-	0.00	0.00
MEDICAID(MCD)	0	0	0	0.00	0.00	0.00	175.00	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	23.64-	0.00	23.05-	0.00	0.00
PERSONAL(PER)	0	0	0	0.00	185.71	0.00	329.19	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	270.68	0.00	443.87-	0.00	0.00
PRE-COLLECTION(PRECO)	0	0	0	0.00	19.76	0.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	0	0	0	0.00	459.68	0.00	202.39-	0.00	0.00
BLUE(BLU)	0	0	0	0.00	373.45	0.00	248.56-	42.28	0.00
COMMERCIAL(COM)	0	0	0	0.00	38.74-	0.00	538.00-	0.00	0.00
HMO(HMO)	0	0	0	0.00	146.93	0.00	237.94-	269.00	0.00
MEDICAID(MCD)	0	0	0	0.00	99.36	0.00	151.18	0.00	0.00
MEDICARE(MED)	0	0	0	0.00	17.22-	0.00	0.00	0.00	0.00
PERSONAL(PER)	0	0	0	0.00	100.00	0.00	26.90	100.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	2,059.83	0.00	656.66	0.00	0.00
PRE-COLLECTION(PRECO)	0	0	0	0.00	98.42	0.00	44.62-	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	0	0	0	0.00	2,822.03	0.00	234.38-	311.28	0.00
BLUE(BLU)	0	0	0	0.00	402.80	0.00	184.00-	0.00	0.00
COMMERCIAL(COM)	0	0	0	0.00	22.86-	0.00	0.00	0.00	0.00
HMO(HMO)	0	0	0	0.00	150.16-	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	779.00	0.00	331.56	0.36	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	0	0	0	0.00	1,008.78	0.00	147.56	0.36	0.00
COMMERCIAL(COM)	0	0	0	0.00	0.00	0.00	91.33-	0.00	0.00
HMO(HMO)	0	0	0	0.00	28.42	0.00	0.00	39.00	0.00
MEDICARE(MED)	0	0	0	0.00	0.00	0.00	13.10-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	1.27	0.00	0.00	0.00	0.00
DECALCIFICATION PROCEDURE(1698)	0	0	0	0.00	29.69	0.00	104.43-	39.00	0.00
PERSONAL(PER)	0	0	0	0.00	0.00	0.00	135.00-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	325.80	0.00	360.00	0.00	0.00
SPECIAL STAIN - GROUP 1(1699)	0	0	0	0.00	325.80	0.00	225.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	0.00	0.00	25.60-	0.00	0.00
SPECIAL STAIN - GROUP 2(1701)	0	0	0	0.00	0.00	0.00	25.60-	0.00	0.00
BLUE(BLU)	0	0	0	0.00	42.00-	0.00	108.00-	0.00	0.00
HMO(HMO)	0	0	0	0.00	46.95	0.00	0.00	0.00	0.00
PERSONAL(PER)	0	0	0	0.00	0.00	0.00	150.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	2.56	0.00	0.00	0.00	0.00
SPECIAL STAIN - GROUP 2(1703)	0	0	0	0.00	7.51	0.00	42.00	0.00	0.00
BLUE(BLU)	0	0	0	0.00	106.13	0.00	63.40-	1.27	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 96

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

■■■■ ■■ ■■■■ ■, ■ ■

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGE PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
HMO (HMO)	0	0	0	0.00	89.29	0.00	0.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	43.17	0.00	156.83	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	211.88	0.00	183.52	0.00	0.00
PRE-COLLECTION (PRECO)	0	0	0	0.00	43.17	0.00	23.17-	0.00	0.00
FROZEN SECTION EXAM (1715)	0	0	0	0.00	493.64	0.00	253.78	1.27	0.00
BLUE (BLU)	0	0	0	0.00	42.83-	0.00	60.00-	0.00	0.00
HMO (HMO)	0	0	0	0.00	55.81	0.00	0.00	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	136.00-	0.00	120.00-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	5.35-	0.00	0.00	2.00-	0.00
PERSONAL (PER)	0	0	0	0.00	51.55	0.00	89.25	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	64.39	0.00	179.83-	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	0	0	0	0.00	12.43-	0.00	270.58-	2.00-	0.00
COMMERCIAL (COM)	0	0	0	0.00	0.00	0.00	41.40-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	21.26-	0.00	0.00
JOINT FLUID EXAM/CRYSTAL IDENT (1748)	0	0	0	0.00	0.00	0.00	62.66-	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	2.15	0.00	36.89	0.00	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	0	0	0	0.00	2.15	0.00	36.89	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	25.05	0.00	52.95	0.00	0.00
HMO (HMO)	0	0	0	0.00	30.24	0.00	0.00	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	0.50	0.00	133.10-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	25.28-	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	163.80	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	5.80	0.00	0.00	0.00	0.00
PERIPHERAL BLOOD SMEAR EXAM (2244)	0	0	0	0.00	61.59	0.00	58.37	0.00	0.00
BLUE (BLU)	0	0	0	0.00	10.40-	0.00	70.00-	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	39.21	0.00	135.79	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	0.50-	0.00	0.50	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	175.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	19.27	0.00	0.00	0.00	0.00
PRE-COLLECTION (PRECO)	0	0	0	0.00	31.93	0.00	14.43-	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	0	0	0	0.00	79.51	0.00	226.86	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	5.40-	0.00	0.00	0.00	0.00
SPECIAL STAIN - GROUP 1 (2735)	0	0	0	0.00	5.40-	0.00	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	134.84	0.00	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	112.31-	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	5.00	0.00	423.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	11.44	0.00	0.00	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	0	0	0	0.00	151.28	0.00	310.69	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 97

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS	PATIENTS					
PERSONAL (PER)	0	0	0	0.00	0.00	219.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	10.90	0.00	0.00	0.00
BONE MARROW SMEAR EXAM(2935)	0	0	0	0.00	10.90	0.00	219.00	0.00
MEDICAID (MCD)	0	0	0	0.00	1.65	0.00	36.89	0.00
IMMUNOFIXATION ELECTROPHORESIS, OTHER	0	0	0	0.00	1.65	0.00	36.89	0.00
BLUE (BLU)	0	0	0	0.00	4.31-	0.00	48.44-	0.00
HMO (HMO)	0	0	0	0.00	89.84	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	16.53-	0.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	41.50	0.00	48.50	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	25.20	0.00	10.89	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	0	0	0	0.00	135.70	0.00	10.95	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	0.00	0.00	0.00	0.40
IMMUNOCYTOCHEMISTRY STAIN (3583)	0	0	0	0.00	0.00	0.00	0.00	0.40
MERCY HOSPITAL ST LOUIS IP (1)	-2	0	0	0.00	6,218.89	408.00	205.71	353.21
BLUE (BLU)	0	0	0	0.00	53.04-	0.00	162.80-	65.56
COMMERCIAL (COM)	0	0	0	0.00	22.08	0.00	115.92	0.00
HMO (HMO)	0	0	0	0.00	24.51	0.00	4.76-	2.83
MEDICAID (MCD)	0	0	0	0.00	0.00	0.00	15.48-	0.00
MEDICARE (MED)	0	0	0	0.00	18.74	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	41.76-	0.00	122.76	8.82
PRE-COLLECTION (PRECO)	0	0	0	0.00	15.96	0.00	53.04	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	0	0	0	0.00	13.51-	0.00	108.68	77.21
BLUE (BLU)	0	0	0	0.00	24.80-	0.00	50.00-	74.80
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	3.68
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	72.36	0.00	16.20	2.83
ELECTROPHORESIS, 24-H URINE (0746)	0	0	0	0.00	47.56	0.00	33.80-	81.31
COMMERCIAL (COM)	0	0	0	0.00	0.00	0.00	81.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	7.36
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	54.06-	0.00	62.16	0.94
ELECTROPHORESIS, RANDOM URINE (0748)	0	0	0	0.00	54.06-	0.00	143.16	8.30
BLUE (BLU)	0	0	0	0.00	2.76	0.00	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	22.08	0.00	47.92	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	22.11	0.00	14.00	0.15
IMMUNOFIXATION ELECTROPHORESIS, SERUM	0	0	0	0.00	46.95	0.00	61.92	0.15
BLUE (BLU)	0	0	0	0.00	84.39-	0.00	28.38-	0.57
HMO (HMO)	0	0	0	0.00	129.93-	0.00	0.00	0.00
MEDICAID (MCD)	-3	0	0	0.00	102.16-	612.00	693.04-	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 98

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# PATIENT		# NEW PATIENTS	CHARGES		CHARGE		OTHER	WRITE OFFS	RVU
	# CHARGES	ENCOUNTERS		CHARGES	PAYMENTS	ADJUSTMENTS	ADJUSTMENTS			
MEDICARE (MED)	0	0	0	0.00	4.31-	0.00	0.00	0.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	49.58	0.00	32.02	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	346.16	0.00	195.39	0.00	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP (163)	-3	0	0	0.00	74.95	612.00	494.01-	0.57	0.00	0.00
HMO (HMO)	0	0	0	0.00	12.04	0.00	0.00	0.00	0.00	0.00
FNA IMMEDIATE EVALUATION (1646)	0	0	0	0.00	12.04	0.00	0.00	0.00	0.00	0.00
BLUE (BLU)	0	0	0	0.00	191.72	0.00	0.00	0.48	0.00	0.00
HMO (HMO)	0	0	0	0.00	275.90	0.00	0.00	0.21	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	0.00	0.00	949.50-	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	464.94	0.00	125.09-	0.00	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET (1647)	0	0	0	0.00	932.56	0.00	1,074.59-	0.69	0.00	0.00
BLUE (BLU)	0	0	0	0.00	18.90-	0.00	22.00-	2.10-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	3.60	0.00	42.10-	0.00	0.00	0.00
PATH EXAM LEVEL 1 SPECIMEN (1687)	0	0	0	0.00	15.30-	0.00	64.10-	2.10-	0.00	0.00
BLUE (BLU)	0	0	0	0.00	70.00	0.00	77.00	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	1.48	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	6.78	0.00	69.47	0.75	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	28.44	0.00	41.36	10.80	0.00	0.00
PATH EXAM LEVEL II SPECIMEN (1688)	0	0	0	0.00	105.22	0.00	187.83	13.03	0.00	0.00
BLUE (BLU)	0	0	0	0.00	129.56	0.00	78.00	0.00	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	103.34	0.00	0.00	2.82	0.00	0.00
HMO (HMO)	0	0	0	0.00	27.48-	0.00	80.76-	4.10	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	0.00	0.00	99.00-	0.00	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	0.00	6.99	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	66.09	0.00	384.91	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	735.73	0.00	59.37-	0.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	0	0	0	0.00	1,007.24	0.00	223.78	13.91	0.00	0.00
BLUE (BLU)	0	0	0	0.00	6,592.28	0.00	706.74-	6.47	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	1,610.52	0.00	496.90	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	1,653.51	0.00	1,626.89-	8.12	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	395.88	0.00	570.54	3.01	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	268.36	0.00	683.18	3.14	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	346.68	0.00	1,187.00-	350.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	-4	0	0	0.00	12,063.00	700.00	1,754.09	359.62	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (1692)	-4	0	0	0.00	22,930.23	700.00	15.92-	730.36	0.00	0.00
BLUE (BLU)	0	0	0	0.00	428.50	0.00	0.00	0.68	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	427.95	0.00	178.92	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	46.97	0.00	0.00	0.26	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 99
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICAID (MCD)	0	0	0	0.00	198.41	0.00	215.46	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	217.04	0.00	242.10-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	2,083.94	0.00	394.17	11.81	0.00
PATH EXAM LEVEL V SPECIMEN (1696)	0	0	0	0.00	3,402.81	0.00	546.45	12.75	0.00
BLUE (BLU)	0	0	0	0.00	84.70-	0.00	91.84	0.00	0.00
HMO (HMO)	0	0	0	0.00	18.01-	0.00	120.93	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	85.40	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	703.28	0.00	470.15	22.17	0.00
PATH EXAM LEVEL VI SPECIMEN (1697)	0	0	0	0.00	685.97	0.00	682.92	22.17	0.00
BLUE (BLU)	0	0	0	0.00	4.50	0.00	0.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	47.01	0.00	69.99	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	15.58	0.00	23.42	0.00	0.00
DECALCIFICATION PROCEDURE (1698)	0	0	0	0.00	67.09	0.00	93.41	0.00	0.00
BLUE (BLU)	0	0	0	0.00	110.42	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	48.75	0.00	26.25	0.00	0.00
HMO (HMO)	0	0	0	0.00	35.48	0.00	0.00	0.00	0.00
MEDICAID (MCD)	0	0	0	0.00	0.00	0.00	135.00-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	71.80	0.00	80.00	0.00	0.00
SPECIAL STAIN - GROUP 1 (1699)	0	0	0	0.00	266.45	0.00	28.75-	0.00	0.00
BLUE (BLU)	0	0	0	0.00	63.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	0.00	0.00	23.20-	0.00	0.00
SPECIAL STAIN - GROUP 2 (1701)	0	0	0	0.00	63.00	0.00	23.20-	0.00	0.00
BLUE (BLU)	0	0	0	0.00	12.60-	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	85.41	0.00	0.00	0.61	0.00
SPECIAL STAIN - GROUP 2 (1703)	0	0	0	0.00	72.81	0.00	0.00	0.61	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	0.00	0.00	0.00	3.98	0.00
CASE CONSULTATION-COMPLEX (1712)	0	0	0	0.00	0.00	0.00	0.00	3.98	0.00
BLUE (BLU)	0	0	0	0.00	88.00	0.00	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	0.00	0.00	79.73-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	626.28	0.00	275.28	17.01	0.00
FROZEN SECTION EXAM (1715)	0	0	0	0.00	714.28	0.00	195.55	17.01	0.00
BLUE (BLU)	0	0	0	0.00	18.80	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	0.00	0.00	0.00	11.20	0.00
FROZEN SECTION EXAM-ADDITIONAL (1716)	0	0	0	0.00	18.80	0.00	0.00	11.20	0.00
BLUE (BLU)	0	0	0	0.00	361.39	0.00	51.92-	4.33	0.00
COMMERCIAL (COM)	0	0	0	0.00	134.90	0.00	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	387.83	0.00	47.04-	0.07	0.00
MEDICAID (MCD)	0	0	0	0.00	38.40	0.00	89.60	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FTN CLASS

01 2017 through 10 2017

Page: 100

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	0	0	0	0.00	28.80	0.00	176.26	0.59	0.00
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	102.40-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	443.97	0.00	98.78	128.09	0.00
IMMUNOCYTOCHEMISTRY STAIN (1719)	0	0	0	0.00	1,395.29	0.00	163.28	133.08	0.00
BLUE (BLU)	0	0	0	0.00	0.00	0.00	47.60-	0.00	0.00
IMMUNOFLUORESCENT STUDY (1721)	0	0	0	0.00	0.00	0.00	47.60-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	0.00	0.00	154.50-	0.00	0.00
ELECTRON MICROSCOPY EXAM (1722)	0	0	0	0.00	0.00	0.00	154.50-	0.00	0.00
BLUE (BLU)	0	0	0	0.00	0.00	0.00	2.36-	0.00	0.00
RENAL BIOPSY ELECTRON MICRO (1723)	0	0	0	0.00	0.00	0.00	2.36-	0.00	0.00
HMO (HMO)	0	0	0	0.00	0.00	0.00	276.99-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	171.70	0.00	833.30	0.00	0.00
IHC STAINS (ER/PR/HER-2NEU) (1732)	0	0	0	0.00	171.70	0.00	556.31	0.00	0.00
BLUE (BLU)	0	0	0	0.00	23.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	19.25	0.00	16.85-	4.80	0.00
JOINT FLUID EXAM/CRYSTAL IDENT (1748)	0	0	0	0.00	42.25	0.00	16.85-	4.80	0.00
BLUE (BLU)	0	0	0	0.00	7.00	0.00	0.00	0.00	0.00
HMO (HMO)	-1	0	0	0.00	21.17-	78.00	47.76-	0.00	0.00
MEDICARE (MED)	0	0	0	0.00	0.00	0.00	78.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	52.40	0.00	127.00	0.00	0.00
PERIPHERAL BLOOD SMEAR EXAM (2244)	-1	0	0	0.00	38.23	78.00	157.24	0.00	0.00
BLUE (BLU)	0	0	0	0.00	4.00	0.00	0.00	0.42	0.00
HMO (HMO)	0	0	0	0.00	0.00	0.00	0.00	0.12	0.00
MEDICAID (MCD)	0	0	0	0.00	0.00	0.00	630.00-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	267.71	0.00	71.71-	0.00	0.00
PATH EXAM FLUID CELL BLOCK (2734)	0	0	0	0.00	271.71	0.00	701.71-	0.54	0.00
HMO (HMO)	0	0	0	0.00	35.48	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	0.00	0.00	27.00	0.00	0.00
SPECIAL STAIN - GROUP 1 (2735)	0	0	0	0.00	35.48	0.00	27.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	0.00	0.00	9.36-	0.00	0.00
FLOW CYTOMETRY, 9 - 15 MARKERS (2929)	0	0	0	0.00	0.00	0.00	9.36-	0.00	0.00
BLUE (BLU)	0	0	0	0.00	50.40	0.00	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	175.29	0.00	0.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	15.26	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO)	0	0	0	0.00	224.01	0.00	338.40-	0.00	0.00
FLOW CYTOMETRY, 16 OR MORE MARKERS (29	0	0	0	0.00	464.96	0.00	338.40-	0.00	0.00
HMO (HMO)	0	0	0	0.00	96.30	0.00	104.42-	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	12.38	0.00	0.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC

01 2017 through 10 2017

Page: 101

PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

Date: 10/09/18

NAME	# CHARGES	# PATIENT	# NEW	CHARGES	CHARGES	CHARGE	OTHER	WRITE OFFS	RVU
		ENCOUNTERS	PATIENTS							PAYMENTS	ADJUSTMENTS	ADJUSTMENTS
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	55.74	0.00	0.00	0.00	0.00
OUTSIDE CASE CONSULTATION (2931)	0	0	0	0.00	164.42	0.00	104.42-	0.00	0.00
BLUE (BLU)	0	0	0	0.00	21.40	0.00	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	18.92	0.00	0.00	0.00	0.00
BONE MARROW SMEAR EXAM (2935)	0	0	0	0.00	40.32	0.00	0.00	0.00	0.00
BLUE (BLU)	0	0	0	0.00	0.00	0.00	0.00	3.39	0.00
ARCHIVE FOR MOLECULAR ANALYSIS (3194)	0	0	0	0.00	0.00	0.00	0.00	3.39	0.00
BLUE (BLU)	0	0	0	0.00	106.02	0.00	110.52-	2.16	0.00
HMO (HMO)	0	0	0	0.00	150.58	0.00	23.36-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	133.75	0.00	102.67	2.25	0.00
IMMUNOCYTOCHEMISTRY STAIN (3540)	0	0	0	0.00	390.35	0.00	31.21-	4.41	0.00
BLUE (BLU)	0	0	0	0.00	2,056.59	0.00	0.00	0.00	0.00
HMO (HMO)	0	0	0	0.00	400.40	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	1,269.19	0.00	0.00	0.00	0.00
PROSTATE NEEDLE BIOPSY (3544)	0	0	0	0.00	3,726.18	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	50.40	0.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN (3583)	0	0	0	0.00	50.40	0.00	0.00	0.00	0.00
COMMERCIAL (COM)	0	0	0	0.00	211.38	0.00	48.42	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	0	0	0	0.00	211.38	0.00	48.42	0.00	0.00
BLUE (BLU)	0	0	0	0.00	128.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	23.04	0.00	0.00	0.00	0.00
MMPR IMMUNOCYTO STAIN INITIAL (3691)	0	0	0	0.00	151.04	0.00	0.00	0.00	0.00
BLUE (BLU)	0	0	0	0.00	135.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	24.30	0.00	0.00	0.00	0.00
MMPR IMMUNOCYTOCHEMISTRY STAIN ADDL (3	0	0	0	0.00	159.30	0.00	0.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	90.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN (7124)	0	0	0	0.00	0.00	0.00	90.00	0.00	0.00
BLUE (BLU)	0	0	0	0.00	19.00	0.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN (7135)	0	0	0	0.00	19.00	0.00	0.00	0.00	0.00
PERSONAL (PER)	0	0	0	0.00	0.00	0.00	0.09-	0.00	0.00
DEFAULT PROCEDURE (9999)	0	0	0	0.00	0.00	0.00	0.09-	0.00	0.00
MERCY HOSPITAL ST LOUIS OP (2)	-8	0	0	0.00	37,697.10	1,390.00	145.08	1,137.37	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	62.10-	0.00	0.00	0.00	0.00
ELECTROPHORESIS SERUM PROTEIN (0745)	0	0	0	0.00	62.10-	0.00	0.00	0.00	0.00
BLUE (BLU)	0	0	0	0.00	12.00	0.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION (PPO	0	0	0	0.00	59.40	0.00	50.60	0.00	0.00
PATH EXAM LEVEL III SPECIMEN (1689)	0	0	0	0.00	71.40	0.00	50.60	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017

Page: 102

Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
BLUE(BLU)	0	0	0	0.00	390.18	0.00	38.45-	175.77	0.00
HMO(HMO)	0	0	0	0.00	129.78	0.00	39.43-	0.45	0.00
MEDICAID(MCD)	-1	0	0	0.00	31.43-	175.00	143.57-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	1,561.43	0.00	940.24	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	-1	0	0	0.00	2,049.96	175.00	718.79	176.22	0.00
BLUE(BLU)	0	0	0	0.00	105.00	0.00	0.00	0.00	0.00
HMO(HMO)	0	0	0	0.00	14.86	0.00	167.98-	0.00	0.00
MEDICAID(MCD)	0	0	0	0.00	0.00	0.00	21.10-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	598.93	0.00	787.78	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	0	0	0	0.00	718.79	0.00	598.70	0.00	0.00
HMO(HMO)	0	0	0	0.00	0.00	0.00	0.00	0.11	0.00
SPECIAL STAIN - GROUP I(1699)	0	0	0	0.00	0.00	0.00	0.00	0.11	0.00
BLUE(BLU)	0	0	0	0.00	11.00	0.00	0.00	0.00	0.00
HMO(HMO)	0	0	0	0.00	0.00	0.00	10.10-	0.00	0.00
FROZEN SECTION EXAM(1715)	0	0	0	0.00	11.00	0.00	10.10-	0.00	0.00
BLUE(BLU)	0	0	0	0.00	4.70	0.00	0.00	0.00	0.00
HMO(HMO)	0	0	0	0.00	1.24	0.00	0.00	0.00	0.00
FROZEN SECTION EXAM-ADDITIONAL(1716)	0	0	0	0.00	5.94	0.00	0.00	0.00	0.00
BLUE(BLU)	0	0	0	0.00	85.00	0.00	0.00	0.00	0.00
HMO(HMO)	0	0	0	0.00	7.24	0.00	5.26-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	95.74	0.00	160.26	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	0	0	0	0.00	187.98	0.00	155.00	0.00	0.00
COMMERCIAL(COM)	0	0	0	0.00	211.38	0.00	211.38-	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO)	0	0	0	0.00	204.71	0.00	522.64	0.00	0.00
IHC STAINS (ER/PR/HER-2NEU)(1732)	0	0	0	0.00	416.09	0.00	311.26	0.00	0.00
BLUE(BLU)	0	0	0	0.00	0.00	0.00	0.00	1.60	0.00
ARCHIVE FOR MOLECULAR ANALYSIS(3194)	0	0	0	0.00	0.00	0.00	0.00	1.60	0.00
BLUE(BLU)	0	0	0	0.00	0.00	0.00	0.00	2.12	0.00
HMO(HMO)	0	0	0	0.00	19.48-	0.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	0	0	0	0.00	19.48-	0.00	0.00	2.12	0.00
HMO(HMO)	0	0	0	0.00	11.00	0.00	0.00	0.00	0.00
ESTROGEN RECEPTOR (ER) EACH ANTIBODY	0	0	0	0.00	11.00	0.00	0.00	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	-1	0	0	0.00	3,390.58	175.00	1,824.25	180.05	0.00
TOTAL	-11	0	0	0.00	47,306.57	1,973.00	2,175.04	1,670.63	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017
 Added, To Be, MD (TBA)

Page: 103
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
BLUE (BLU)	-1	0	0	0.00	0.00	204.00	0.00	0.00	0.00
COMMERCIAL (COM)	-1	0	0	0.00	0.00	204.00	0.00	0.00	0.00
CYTOPATH EXAM-CELL ENHANCE INTERP(163	-2	0	0	0.00	0.00	408.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-1	0	0	0.00	0.00	77.00	0.00	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	-1	0	0	0.00	0.00	77.00	0.00	0.00	0.00
BLUE (BLU)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
BLUE (BLU)	-2	0	0	0.00	0.00	538.00	0.00	0.00	0.00
PERSONAL (PER)	-1	0	0	0.00	0.00	269.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-1	0	0	0.00	0.00	269.00	0.00	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	-4	0	0	0.00	0.00	1,076.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-2	0	0	0.00	0.00	256.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	-2	0	0	0.00	0.00	256.00	0.00	0.00	0.00
COMMERCIAL (COM)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-1	0	0	0.00	0.00	45.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(3540)	-1	0	0	0.00	0.00	45.00	0.00	0.00	0.00
MERCY HOSPITAL ST LOUIS IP(1)	-12	0	0	0.00	0.00	2,212.00	0.00	0.00	0.00
COMMERCIAL (COM)	-1	0	0	0.00	0.00	155.00	0.00	0.00	0.00
MEDICARE (MED)	-1	0	0	0.00	0.00	155.00	0.00	0.00	0.00
CYTOPATH EXAM-FNA INTERPRET(1647)	-2	0	0	0.00	0.00	310.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-1	0	0	0.00	0.00	77.00	0.00	0.00	0.00
PATH EXAM LEVEL II SPECIMEN(1688)	-1	0	0	0.00	0.00	77.00	0.00	0.00	0.00
HMO (HMO)	-1	0	0	0.00	0.00	110.00	0.00	0.00	0.00
PATH EXAM LEVEL III SPECIMEN(1689)	-1	0	0	0.00	0.00	110.00	0.00	0.00	0.00
BLUE (BLU)	-2	0	0	0.00	0.00	350.00	0.00	0.00	0.00
COMMERCIAL (COM)	-2	0	0	0.00	0.00	350.00	0.00	0.00	0.00
MEDICAID (MCD)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
MEDICARE (MED)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-5	0	0	0.00	0.00	875.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	-11	0	0	0.00	0.00	1,925.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-1	0	0	0.00	0.00	320.00	0.00	0.00	0.00
PATH EXAM LEVEL VI SPECIMEN(1697)	-1	0	0	0.00	0.00	320.00	0.00	0.00	0.00
BLUE (BLU)	-2	0	0	0.00	0.00	256.00	0.00	0.00	0.00
PREFERRED PROVIDER ORGANIZATION(PPO	-1	0	0	0.00	0.00	128.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	-3	0	0	0.00	0.00	384.00	0.00	0.00	0.00
COMMERCIAL (COM)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017
 Added, To Be, MD (TBA)

Page: 104
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
MEDICARE (MED)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
PATH EXAM FLUID CELL BLOCK(2734)	-2	0	0	0.00	0.00	350.00	0.00	0.00	0.00
MERCY HOSPITAL ST LOUIS OP(2)	-21	0	0	0.00	0.00	3,476.00	0.00	0.00	0.00
BLUE (BLU)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
PATH EXAM LEVEL IV SPECIMEN(1692)	-1	0	0	0.00	0.00	175.00	0.00	0.00	0.00
BLUE (BLU)	-1	0	0	0.00	0.00	269.00	0.00	0.00	0.00
PATH EXAM LEVEL V SPECIMEN(1696)	-1	0	0	0.00	0.00	269.00	0.00	0.00	0.00
BLUE (BLU)	-1	0	0	0.00	0.00	128.00	0.00	0.00	0.00
IMMUNOCYTOCHEMISTRY STAIN(1719)	-1	0	0	0.00	0.00	128.00	0.00	0.00	0.00
MERCY HOSPITAL ST LOUIS ASC(5)	-3	0	0	0.00	0.00	572.00	0.00	0.00	0.00
TOTAL	-36	0	0	0.00	0.00	6,260.00	0.00	0.00	0.00

ST. LOUIS PATHOLOGY ASSOC., INC
 PRODUCTIVITY BY PROVIDER/LOCATION PROCEDURE/FIN CLASS

01 2017 through 10 2017
 FINAL TOTAL

Page: 105
 Date: 10/09/18

NAME	# CHARGES	# PATIENT ENCOUNTERS	# NEW PATIENTS	CHARGES	CHARGES PAYMENTS	CHARGE ADJUSTMENTS	OTHER ADJUSTMENTS	WRITE OFFS	RVU
FINAL TOTAL	102,439	66,939	66,452	16,001,773.92	6,670,547.00	76,292.26	9,128,897.96	10,864.24	0.00