



Sample Health System Loss Run Report

Contract: Sample Contract
01/01/2012 to 01/01/2013

07/10/2012

Location: Sample Clinic

Department: Sample Clinic

Equip ID	Mfg	Description					Model	Serial	Asset	# of PMs	Start Date	Delete Date						
11	ABX Diagnostic	Analyzer Hematology					Micros60	P9084957		1	02/12/12							
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
37	3407	06/15/12	K345	PM	PM	AP	\$300.00	\$75.00	\$0.00	\$0.00	\$0.00	\$375.00		\$0.00		\$0.00	\$0.00	\$375.00
Equipment Totals:							\$300.00	\$75.00	\$0.00	\$0.00	\$0.00	\$375.00					\$0.00	\$375.00

Equip ID	Mfg	Description					Model	Serial	Asset	# of PMs	Start Date	Delete Date						
13	GE Medical	X-Ray Unit Mobile					AMX4	346711		1	03/20/12							
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
8		03/10/12			PM	OC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00
Equipment Totals:							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00
Sample Clinic: Department Totals												\$375.00					\$0.00	\$375.00
Sample Clinic: Location Totals												\$375.00					\$0.00	\$375.00

Location: Sample Hospital

Department: CT

Equip ID	Mfg	Description					Model	Serial	Asset	# of PMs	Start Date	Delete Date						
1	GE Medical	CT Scanner					LightSpeedVCT	770631CT	85525	3	03/20/12							
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
16	340698760	06/15/12	2093750	PM Completed	PM	AP	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00		\$0.00		\$0.00	\$0.00	\$1,200.00
20	0340221352	03/21/12	4890833	PM	PM	AP	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00		\$0.00		\$0.00	\$0.00	\$1,500.00
23	1212	06/23/12	6082	Determined tube is causing errors. Ordered tube. Removed and replaced tube. Replaced cracked collimator filter.	CM	AP	\$0.00	\$0.00	\$29,700.00	\$500.00	\$2,079.00	\$32,279.00	NC	\$1,284.00		\$0.00	\$1,284.00	\$30,995.00



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													filters						
Equipment Totals:							\$2,700.00	\$0.00	\$29,700.00	\$500.00	\$2,079.00	\$34,979.00					\$1,284.00	\$33,695.00	
Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date	
2		Philips Medical		CT Scanner				BrillianceBigBore		9023578		85593		4		01/01/12			
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount	
1	3065476	01/17/12	30457	Replaced the fan	CM	AP	\$900.00	\$675.00	\$430.11	\$0.00	\$0.00	\$2,005.11		\$0.00		\$0.00	\$0.00	\$2,005.11	
2	34654	01/30/12	345687	PM Completed	PM	AP	\$1,575.00	\$675.00	\$0.00	\$0.00	\$0.00	\$2,250.00		\$0.00		\$0.00	\$0.00	\$2,250.00	
6	9869	02/16/12		Fixed table skirt, cleaned sensors and readjusted	CM	AP	\$2,000.00	\$600.00	\$0.00	\$0.00	\$0.00	\$2,600.00		\$0.00		\$0.00	\$0.00	\$2,600.00	
22	25967631	06/30/12		PM	PM	AP	\$1,350.00	\$1,130.00	\$0.00	\$0.00	\$229.41	\$2,709.41		\$0.00		\$0.00	\$0.00	\$2,709.41	
Equipment Totals:							\$5,825.00	\$3,080.00	\$430.11	\$0.00	\$229.41	\$9,564.52					\$0.00	\$9,564.52	
												CT: Department Totals		\$44,543.52				\$1,284.00	\$43,259.52
Department: Emergency																			
Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date	
3		GE Medical		X-Ray Unit Mobile				AMX4Plus		3467245		87151		2		01/01/12			
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount	
3	457456	05/30/12	09867	PM Completed	PM	AP	\$200.00	\$50.00	\$0.00	\$0.00	\$0.00	\$250.00	CR	\$50.00		\$0.00	\$50.00	\$200.00	
													Cosmetic repair not covered						
10					PM	CN	\$0.00	\$0.00				\$0.00					\$0.00	\$0.00	



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Equipment Totals:	\$200.00	\$50.00	\$0.00	\$0.00	\$0.00	\$250.00		\$50.00	\$200.00
Emergency: Department Totals						\$250.00		\$50.00	\$200.00

Department: Laboratory

Equip ID	Mfg	Description	Model	Serial	Asset	# of PMs	Start Date	Delete Date										
7	Beckman Coulter	Analyzer Hematology Automated	MAXM	2305HS03	83742	1	01/01/12											
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
5	9697	02/06/12	098760	Replaced the diff motor assembly and adjusted aspiration volume. Verified system operation.	CM	AP	\$600.00	\$300.00	\$1,624.00	\$0.00	\$0.00	\$2,524.00		\$0.00		\$0.00	\$0.00	\$2,524.00
Equipment Totals:							\$600.00	\$300.00	\$1,624.00	\$0.00	\$0.00	\$2,524.00					\$0.00	\$2,524.00
Laboratory: Department Totals												\$2,524.00		\$0.00	\$2,524.00			

Department: Radiology

Equip ID	Mfg	Description	Model	Serial	Asset	# of PMs	Start Date	Delete Date										
10	Agfa-Gevaert	Printer Diagnostic Imaging	Drystar5500	349687		1	02/01/12											
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
7	789346	02/11/12	0749536	Replaced thermal head; found worn flat belt on drum drive; replaced belt; calibrated and tested.	CM	AP	\$939.00	\$299.00	\$5,800.00	\$75.00	\$0.00	\$7,113.00	CS	\$95.00		\$0.00	\$95.00	\$7,018.00
													Belts are not covered					
Equipment Totals:							\$939.00	\$299.00	\$5,800.00	\$75.00	\$0.00	\$7,113.00					\$95.00	\$7,018.00



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Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date	
5		GE Medical		R/F Radiology System Digital				DefiniumXRd		234675RF15		85502		2		01/01/12			
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount	
4	3046893	02/03/12	793456	Found a defective ASCBus interface unit; replaced board	CM	AP	\$1,000.00	\$200.00	\$3,215.17	\$50.00	\$0.00	\$4,465.17		\$0.00		\$0.00	\$0.00	\$4,465.17	
19	2340698	03/15/12	90483576896	PM Completed	PM	AP	\$630.00	\$0.00	\$0.00	\$0.00	\$0.00	\$630.00		\$0.00		\$0.00	\$0.00	\$630.00	
21	0260661072	06/20/12	4967296	Replaced bucky.	CM	AP	\$1,644.50	\$598.00	\$6,249.62	\$75.00	\$813.89	\$9,381.01		\$0.00		\$0.00	\$0.00	\$9,381.01	
Equipment Totals:							\$3,274.50	\$798.00	\$9,464.79	\$125.00	\$813.89	\$14,476.18					\$0.00	\$14,476.18	
Radiology: Department Totals												\$21,589.18				\$95.00	\$21,494.18		
Department: Surgery																			
Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date	
9		Olympus		Colonoscope Video				CFQ160L		21347				0		01/01/12			
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount	
43			888999	Angulation and stopper adjustment	CM	AP	\$375.00	\$125.00	\$0.00	\$0.00	\$0.00	\$500.00		\$0.00		\$0.00	\$0.00	\$500.00	
Equipment Totals:							\$375.00	\$125.00	\$0.00	\$0.00	\$0.00	\$500.00					\$0.00	\$500.00	
Surgery: Department Totals												\$500.00				\$0.00	\$500.00		
Sample Hospital: Location Totals												\$69,406.70				\$1,429.00	\$67,977.70		
Location: Sample Imaging Center																			
Department: MRI																			
Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date	
4		Siemens		Magnetic Resonance Imaging (MRI)				MagnetomSymphony		3457MR928		81166		3		03/01/12			
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount	
13		06/23/12		rep faulty flow tep sensor replaced faulty coldhead compressor	CM	AP	\$4,900.00	\$800.00	\$32,250.00	\$150.00	\$0.00	\$38,100.00		\$0.00		\$0.00	\$0.00	\$38,100.00	



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41					PM	CN	\$0.00	\$0.00				\$0.00				\$0.00	\$0.00	
Equipment Totals:							\$4,900.00	\$800.00	\$32,250.00	\$150.00	\$0.00	\$38,100.00					\$0.00	\$38,100.00
MRI: Department Totals												\$38,100.00				\$0.00	\$38,100.00	
Sample Imaging Center: Location Totals												\$38,100.00				\$0.00	\$38,100.00	
CONTRACT Totals												\$107,881.70				\$1,429.00	\$106,452.70	

Claim Code Descriptions

ADJ Adjusted Claim
 AP Approved Claim
 CN Cancelled Claim
 EPM Exceeded PM Frequency
 FSR/NS Service Report Never Submitted
 IN/NS Invoice Never Submitted
 LS Late Submission
 NOS Equipment Not on Schedule
 NU Not Used
 OC Outside Coverage Period

Adjust Code Descriptions

BSP Bench Stock Parts
 CM Credit Memo
 CR Cosmetic Repair
 CS Consumable
 LL Limit of Liability Exceeded
 NC Not Covered, Exclusions
 SW Software
 UP Upgrade
 WT Warranty Repair