Daily Productivity

Date _____20_____

Day of Week: S M T W R F S

				NP								Regular									
Staff member	Position	Total Hr.	P1*	PPO	HMO	POS	MC	WC	Cash	Lien		PPO	HMO	POS	MC	WC	Cash	Lien		Subtl Pts	Pts/hr. Ratio
		Hours Total	( ) Payroll Total																	Total Pt's	payr cost/pt
				PPO	HMO	POS	MC	WC	C	L		H	F	P	M	W	C	L			
			( ) Payroll Expense						X								X			Reimb Total	

Patients Scheduled _____

Patients Seen _____

Compliance ____ %

N/S ___

R/S or CX ___

( ) Ave. Daily Expenses

( ) TOTAL EXP

Cash $_____

Check $_____

CC $_____

Daily Income

TOTAL REV

Deposit $

Authorized by _____

_____ Outcome

Timeliness Mark ____

Timeliness Percentage ____%

*P1 is the total gross amount paid to the employee for that day. Multiply the number of hours to their pay rate to get this figure.

*HFPMWCL boxes require an average projected reimbursement rate for that payor type. H=Hmo, F=Fee-For-Service, etc.

Copay	Svcs	Prod	MR	Other	Total

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