Belle Curve Insights

REAL PILOT DATA

Collection Leakage

IN THE PROFIT AUDIT · INSURANCE COLLECTIONS

A single-doctor Florida practice · 1 June – 31 July 2026 · 27 payers · pulled 10 September 2026

$12,616

owed by insurers and never collected — in a single two-month window.

$44.0K	$31.3K	71.3%	$3,915	27
INSURANCE RESPONSIBILITY	COLLECTED	COLLECTION RATE	ACTIONABLE — HEALTH PLANS	PAYERS REVIEWED

Why this number is real. The report works from allowed amounts — what each insurer was contracted to pay — not from billed charges. So the gap is not contractual write-off; it is money the practice was owed and did not receive. But read the $12,616 correctly before working it. **$9,611 of it sits with nine auto and personal-injury carriers**, where non-payment inside sixty days is normal and settlement — not follow-up — releases the money. The **genuinely actionable balance is $3,915 across seven commercial, network and Medicare Advantage plans**, less Medicare Part B's $910 overpayment. Chasing the auto carriers weekly produces activity, not cash. One caveat the source report imposes: **secondary billings and payments are excluded**, so the real rate is a little higher than 71.3%.

TOP 5 FINDINGS — AND WHAT TO DO ABOUT EACH

1 $12,616 was owed by insurers and never arrived

Insurers were responsible for **$43,956** after contractual adjustment; **$31,340** came in. That is a **71.3%** collection rate for one doctor across two months and 27 payers. Because the report works from allowed amounts, this is money owed — not contractual write-off.

→ **Measure against allowed amounts, not billed charges. A gross rate hides this entirely.**

2 Three quarters of the gap is auto and personal injury

$9,611 — 76% of the whole gap — sits with nine auto and personal-injury carriers, and $8,087 of that with just five: State Farm, National General, USAA, AAA and GEICO. Three of them have paid nothing at all. Zeros in that column usually mean open PI claims awaiting settlement rather than money that has gone away.

→ **This is a PI aging follow-up, not a write-off. Treating it as a loss forfeits recoverable money.**

3 Four payers have paid literally nothing

$5,628 sits at a 0% collection rate: National General ($1,578), USAA ($1,515), AAA ($1,510) and Alivi Health ($1,025). The zeros split two ways: three auto carriers awaiting settlement, and one commercial payer where a zero signals a denial or a contract problem.

→ **Separate the two. Auto zeros get an aging call; the commercial zero gets a denial investigation.**

4 The collection rate rose six points in eleven days — and $253 of it was money

The same window pulled on 30 August read **65.1%**. Pulled again on 10 September it reads **71.3%**. Collections rose **$253**. What actually moved was the amount owed, which fell **$3,765** as claims were adjusted off — $2,924 of that from Medicare Part B alone. And the later pull covers one *extra* day, so it should have shown *more* owed, not less.

→ **Never quote a collection rate without its pull date. The number improves on its own, and almost none of it is collection.**

5 Medicare Part B now reads 110% — which tells you the rate is unstable

On 30 August Medicare Part B owed **$12,316** and had paid **$10,218** — 83%. Eleven days later it owes **$9,392** against **$10,302** paid: **109.7%**. Payments moved $84. Responsibility fell $2,924. You cannot collect 110% of what you are owed — the denominator moved.

→ **Fix the measurement before working the list. A ratio with a moving denominator is not a rate.**

Belle Curve Insights · Big-Firm Analytics for Chiropractic Practices | sandra@bellecurveinsights.com · 239-469-4021 · bellecurveinsights.com

WHERE TO START — IN ORDER

1. **Re-measure before you work the list.** Two pulls eleven days apart disagree by six points and by $3,765 of responsibility. Fix the date discipline first, or every number below moves under you.
2. **Work the PI aging.** $8,087 across five auto carriers is the largest single block and it is waiting on settlement, not lost.
3. **Investigate Alivi Health.** $1,025 at 0% is the one commercial zero, and a commercial zero is a denial or a contract problem, not a waiting game.
4. **Then the chronic under-payers.** BCBS FL at 16%, GEICO at 25%, UnitedHealth Shared Services at 24% and UMR at 43% — consistent under-payment at this scale is a pattern, not an accident.

EVERY PAYER, BY SIZE OF GAP

Payer	Units	Responsibility	Collected	Gap	Collected %
STATE FARM	84	$4,137.03	$1,841.66	$2,295.37	44.5%
National General Auto Insurance	18	$1,578.00	$0.00	$1,578.00	0.0%
USAA	20	$1,515.00	$0.00	$1,515.00	0.0%
AAA Auto Insurance	22	$1,510.00	$0.00	$1,510.00	0.0%
GEICO	29	$1,576.42	$387.56	$1,188.86	24.6%
TRAVELERS OF FLORIDA	46	$2,715.12	$1,685.12	$1,030.00	62.1%
ALIVI Health	17	$1,025.00	$0.00	$1,025.00	0.0%
BCBS FL	24	$953.54	$155.54	$798.00	16.3%
AETNA	378	$5,431.20	$4,719.20	$712.00	86.9%
UMR	29	$871.00	$371.00	$500.00	42.6%
UHC Medicare Advantage	32	$1,145.00	$755.00	$390.00	65.9%
UHC	50	$1,666.00	$1,331.00	$335.00	79.9%
ALLSTATE INSURANCE, CLAIMS DIVISION	66	$2,867.93	$2,588.28	$279.65	90.2%
TRAVELERS	22	$940.13	$765.73	$174.40	81.4%
UnitedHealth Shared Services	5	$205.00	$50.00	$155.00	24.4%
PROGRESSIVE	74	$4,100.36	$4,060.36	$40.00	99.0%
11 payers fully collected	404	$11,719.18	$11,719.18	—	100%+

Sixteen payers carry the entire gap. The other 11 collected in full and are summarised on the last line. Every percentage here is a snapshot of 10 September 2026 — the same report run on 30 August put the practice-wide figure at 65.1% rather than 71.3%.

> **What changed between the two pulls.** Responsibility fell $3,764.57 and collections rose $252.91, so the gap closed by $4,017.48 — of which **6%** was money actually collected. Three payers left the report entirely (Allied Benefit Systems, Humana Medicare Advantage and Meritain Health), but together they account for only $220.95. The rest is restatement inside payers that are still there: **Medicare Part B alone fell $2,924.28** — 78% of the entire drop — followed by UMR at $610 and Aetna at $402.