Belle Curve Insights

REAL PILOT DATA

Leak or Lag

CASE STUDY · INSURANCE COLLECTIONS

A single-provider Florida practice · 1 June – 30 July 2026 · pulled 31 July and 2 September 2026

$127

of new money in 34 days. The gap fell $4,071 over the same period — the rest was the software changing its mind.

$16,633	$12,563	$3,944	$127	+6.2 pts
GAP AT FIRST PULL	GAP 34 DAYS LATER	OWED RESTATED DOWN	ACTUAL NEW MONEY	APPARENT RATE GAIN

We ran the same report twice. A practice asked us to look at two months of insurance collections. We pulled the standard Insurance Collections report on 31 July, the day after the window closed: insurers recorded as owing **$47,720**, only **$31,087** collected — a 65.1% rate and a 35% gap. That is the number most billing reviews put in front of a doctor, usually annualised into something alarming. **We didn't. We pulled the identical report again about five weeks later and set the two side by side.**

THE SAME REPORT, ABOUT FIVE WEEKS APART

Pull date	Owed	Collected	Gap	Rate
31 July 2026 — day after window closed	$47,720.48	$31,087.03	$16,633.45	65.1%
2 September 2026 — 34 days later	$43,776.80	$31,214.05	$12,562.75	71.3%
Change	**−$3,943.68**	**+$127.02**	**−$4,070.70**	**+6.2 pts**

Same report. Same date range. About five weeks apart. **Only $127 of the $4,071 improvement was money arriving** — the other $3,944 was the expected amount being revised downward as claims adjudicated.

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WHAT THE SECOND PULL SHOWED

1. **“Amount owed” is an estimate, not a contract**

   The insurance-responsibility field is an expectation the system rewrites as claims adjudicate. A collection rate measured on a fresh window is measuring **the software's guess**, not the payer's obligation.

2. **Medicare proved it**

   Part B moved from **$12,315.78 owed at 83.0% collected** to **$10,097.78 owed at 102.2% collected**. A rate above 100% is impossible — the expected amount was restated below what had already been paid. The entire **$2,098 “Medicare gap” was an artifact**.

3. **42% of the “chronic” leak evaporated**

   Payers collecting under 50% fell from **$3,015 to $1,760** with no one lifting a phone. Had we acted on the first pull, most of that work would have chased money that was never missing.

4. **The rate rose because the denominator fell**

   Six points of apparent improvement, of which **$127 was cash**. Any practice benchmarking itself on a same-day pull is grading against a moving number.

> **The point is not that the first number was wrong.** It is that a single pull cannot tell you which part of it is real — and acting on the whole of it spends the practice's scarcest resource chasing money that was never missing.

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WHAT DIDN'T MOVE AT ALL

Personal injury — identical in both pulls, to the cent. Across all nine auto carriers: **$20,675.60** owed, **$11,219.32** paid, **$9,456.28** outstanding — the same figures in both pulls, about five weeks apart. Not one dollar moved.

WHERE THE REMAINING GAP ACTUALLY SITS

Segment	Share of units	Share of billed $	Owed / unit	Share of gap
Auto / Personal injury	28.3%	47.2%	$55.13	75.3%
Medicare & MA	31.1%	28.3%	$30.06	2.5%
Commercial	39.0%	23.2%	$19.64	22.2%

PI was not a side item here. It carried **28% of billed units but 47% of every insurance dollar billed** — two and a half times the value per unit of commercial work, from just over a quarter of the volume. After the second pull it accounted for **three quarters of the entire remaining gap**.

That is not a leak. **PI pays on settlement, not on a claims cycle.** A practice working it on the same 30/60/90 rhythm as commercial is applying the wrong instrument to its single largest exposure — and will read the resulting aging as a collections failure when it is nothing of the kind.

THE ONE REAL LEAK

A single commercial payer survived both pulls untouched: **17 units, $1,025 in insurance responsibility, zero dollars collected**, unchanged after three months. Two others sat at 42% and 24% on small volume. **Under $1,800 in total** — not a headline, but real, recoverable, and completely invisible underneath a $16,633 number that was mostly noise.

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WHY WE PULL EVERYTHING TWICE

1. **The second pull is the control**

   It separates **money that is late** from **money that is gone**. Nothing else in a practice management system distinguishes the two, and no single snapshot can.

2. **It costs nothing but patience**

   Same report, same date range, run again. The delta between the two does the analytical work that a bigger, scarier number only pretends to.

3. **What survives is small enough to act on**

   And defensible enough to act on with confidence. Every practice has been shown an alarming figure by someone selling billing services. Most are **inflated by measurement, not mismanagement** — and doctors can feel that, which is why the pitch usually fails.

4. **The finding that mattered wasn't a number**

   It was that this practice's **largest payer exposure runs on a different clock** than the rest of its book — and needs a different follow-up discipline. No collections report says that on its own.

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