



Payer Mix, Year over Year

TREND · HOW THE PATIENT BASE IS SHIFTING

A single-doctor Florida practice · Q1 2025 vs Q1 2026 · 629 and 605 patients seen · exported 29 July 2026

+13.3 pts

swing to self-pay in twelve months — from **31.8%** of patients to **45.1%**.

45.1%

SELF-PAY SHARE, 2026

−9.8 pts

COMMERCIAL CHANGE

605

PATIENTS SEEN, Q1 2026

−3.8%

VOLUME CHANGE

Why the same quarter both years. Chiropractic volume is seasonal, so this quarter against last quarter tells you about the calendar, not the business. Q1 against Q1 is like-for-like — the only comparison where a thirteen-point move means what it appears to mean. This is not a soft trend: the practice now earns close to half its revenue in a fundamentally different way than it did a year ago.

TOP 5 FINDINGS — AND WHAT TO DO ABOUT EACH

1

Self-pay jumped thirteen points in a single year

Self-pay went from **31.8% of patients in 2025 to 45.1% in 2026** — 200 patients to 273. Nearly half the practice is now cash-pay. That is a change in how revenue is earned and collected, not just who walks through the door.

Cash-pay revenue collects at the desk. The collections problem shrinks; the pricing problem grows — and nobody is measuring a collection rate on it.

2

Commercial insurance is shrinking fast

Commercial coverage fell from **37.0% to 27.3%** — down 9.8 points and 68 patients. It is the single largest decline on the table, and it is the block that historically carried the contracted fee schedules.

Model the revenue effect before it compounds. A shift this size in one year rarely reverses on its own.

3

An entire network block vanished

The network / discount category went from **43 patients to zero** — American Specialty Health disappeared entirely, a 6.8-point drop. A category does not usually go to exactly zero by accident.

Establish whether this was a decision, a terminated contract or a lapsed credential. The answer changes what to do next.

4

Government-backed coverage is now more than a quarter of the panel

Traditional Medicare grew from **18.9% to 22.6%**. Adding Medicare Advantage and Supplement, government-backed coverage sits at **28.4%** of patients — an ageing panel that sets the fee schedule the practice lives on.

Medicare rates are not negotiable. As this share grows, the fee schedule becomes a constraint rather than a variable.

5

Fewer patients, and more of them paying cash

Total patients seen slipped from **629 to 605**, down 3.8%. A smaller panel leaning harder on cash is a different business from the one that existed twelve months earlier — different pricing, different marketing, different cash-flow timing.

Read the two shifts together. Either one alone understates how much has changed.

THE WHOLE PANEL, BOTH QUARTERS

PATIENTS BY PAYER FAMILY · Q1 2025 VS Q1 2026

Payer family	2025	Share	2026	Share	Change
Self-pay	200	31.8%	273	45.1%	+13.3 pts
Commercial	233	37.0%	165	27.3%	-9.8 pts
Traditional Medicare	119	18.9%	137	22.6%	+3.7 pts
Medicare Advantage / Supplement	28	4.5%	35	5.8%	+1.3 pts
Network / discount plan	43	6.8%	0	0.0%	-6.8 pts
Auto / personal injury	7	1.1%	6	1.0%	-0.1 pts
Unidentified plan codes	2	0.3%	0	0.0%	-0.3 pts
Total patients seen	629	—	605	—	-3.8%

Shares are of patients seen, not of policies. Because a patient may carry more than one policy, the family shares sum slightly above 100% in both years.

HOW INSURERS WERE GROUPED

Family	Insurers folded into it
Self-pay	No Policy Defined (Self-Policy)
Commercial	Aetna, BCBS FL, Florida Blue, BCBS, Cigna, UHC and its variants, UMR, UHC Optum, Surest, Humana, GEHA, Meritain, Key Benefit Administrators, PHCS, Medica, Priority Health, Harvard Pilgrim, Medical Mutual, CDPHP, Golden Rule, Allied Benefit, Lucent, Alivi, Network Health
Traditional Medicare	Medicare Part B, Railroad Medicare
Medicare Advantage / Supplement	AARP, BCBS, Humana, UHC and Network Health MA plans; AARP Medicare Supplement
Network / discount plan	American Specialty Health
Auto / personal injury	Allstate, Progressive, GEICO, State Farm, AAA
Unidentified plan codes	Numeric-only entries carried in the 2025 report (4346, 6722)

Why this table is here. A payer-mix comparison is only as honest as its grouping. Every insurer in the source report appears in exactly one family above, so any figure on page one can be rebuilt from the practice's own export without asking us what we did.

See how your own panel has moved.

One export, two matching quarters · sandra@bellecureveinsights.com · 239-469-4021