Belle Curve Insights

REAL PILOT DATA

Practice Health Scorecard

THE ONE-PAGE READ

Practice A · measured 1 September 2026 · practice name withheld · prepared by Sandra Stokke

76%

of the receivable is more than 120 days old. The industry benchmark is 10–15%.

$43.4K	$129	2,283	13.8%	10.4%
AVG MONTHLY COLLECTIONS · JUN–JUL	CHARGES PER VISIT	ATTENDED VISITS · MAY–AUG	UNAPPLIED PAYMENT RATE	CANCEL / NO-SHOW

Read the two halves separately. This practice's *recent* claims are healthy — a normal pipeline, none of it old. Its *legacy* receivable is not, and most of that predates the system change. Blending the two produces a collections crisis that does not exist and hides the one decision that actually matters.

TOP 5 FINDINGS — AND WHAT TO DO ABOUT EACH

1 The receivable is the problem — and it is not on the books

$557,191 sits on the practice-management system with **76% past 120 days**, against an industry benchmark of **10–15%**. The balance sheet's current assets are bank accounts only — **no accounts-receivable line at all**. Most of it predates the system change.

→ **Set a collectability policy and value it or write it off deliberately. Carrying it indefinitely corrupts every percentage the practice reports.**

2 Recent claims are healthy — do not confuse them with the legacy balance

Of the **$95,837** insurers were actually on the hook for after contractual adjustment, **40.6% is paid** and **47.4% is still open at a median age of 59 days, none past 116**. That is a normal pipeline, not a collections failure.

→ **Judge the billing process on the recent cohort. Re-measure the open 47% in ninety days rather than working it now.**

3 13.8% of every dollar received never reaches an account

$11,974 of **$86,708** was banked but never credited. **Cards carry 92%** of it; cheque posts at 0.4%. The healthy rate is 5%. This is not lost revenue — it is a receivable that is quietly wrong, and staff chasing patients who already paid.

→ **Fix the card-settlement posting routine. One process, 92% of the problem.**

4 About $10,936 a month of pricing is filed as a loss

The patient-side write-off code carries **$41,855**, but **78% of it is a configured self-pay discount** applied at the front desk — not bad debt. Genuine bad debt is roughly **$1,724 a month**. With self-pay approaching half the panel and growing fastest, the cost of the cash-pay model is the number the practice most needs to see and currently cannot.

→ **Add a second adjustment code: one "Time of Service Discount", one "Write-Off". Two minutes of setup.**

5 265 empty chairs is the largest recoverable block on the schedule

A **10.4% cancel and no-show rate** across 2,283 attended visits, at **$129 average charges per visit**. The 3–5pm hours earn the most per patient ($178 at 3pm against $111 at 11am) and sit the least full.

→ **Tighten the cancellation policy and steer high-value visit types into the afternoon. No added hours, no added staff.**

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Real analysis from a live pilot engagement, published with the practice's written permission. The practice is not identified by name or location, and no patient-level information appears. Sources: receivable ageing as of 1 September 2026; open-claim detail for claims billed 1 May – 27 August 2026; adjustment detail 1 June – 31 August 2026; payment detail 1 June – 31 July 2026 exported 30 August 2026; 2,283 attended appointments 1 May – 3 August 2026; and the accounting system's deposit detail, profit-and-loss and balance sheet. Collections and visit measures are drawn from different windows and are reported separately rather than divided into each other. A/R benchmark per industry RCM standard of 10–15% over 120 days. Figures are unaudited. Not billing, legal or compliance advice.

WHERE TO START — IN ORDER

1. **Decide what the legacy receivable is worth.** Nothing else on this page can be measured properly until that denominator is settled.
2. **Fix the card-settlement posting routine.** 92% of unapplied payments, one process.
3. **Split the write-off code in two.** Two minutes, and the pricing model stops reading as bad debt.
4. **Re-measure in ninety days, not next week.** Every figure in this engagement moved when measured twice.

THE SCORECARD

Measure	This practice	Benchmark or target	Verdict
Receivable over 120 days	76%	10–15%	Needs work — the priority
Unapplied payments	13.8%	5%	Over target
Cancel / no-show rate	10.4%	5–10%	Top of normal
Recent claims still open	47.4% · median 59 days	None past 116 days	Normal pipeline
Contractual write-off share of billed	33.5%	Varies by payer mix	Expected — not a loss
Net collection rate	**Not computable**	**95–98%**	**See note below**

WHAT THIS SCORECARD DOES NOT CLAIM

There is no net collection rate on this page, and no headline "opportunity" figure. A net collection rate divides payments by charges *less contractual adjustments*, and computing one honestly needs twelve months of billing history — part of which sits in the practice's legacy system and has not yet been pulled.

What most scorecards do instead is divide payments by *gross* charges, compare the result to the 95–98% *net* benchmark, and multiply the gap by annual volume. On this practice that method produces a six-figure "opportunity" — and **a third of it is the $48,376 of contractual write-off that was never collectible by anyone, under any circumstance**. It is the most common error in practice analysis and it is where alarming numbers usually come from.

This page reports only what the available data supports. When the twelve months are in hand, the net rate goes here.

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