Belle Curve Insights

REAL PILOT DATA

Where Every Dollar Went

PROFIT AUDIT · FINDINGS

Practice A · post-migration, May – August 2026 · reconciled against deposit detail, P&L and balance sheet

33.5%

of everything billed was contractually written off — never collectible by anyone.

2,099	$144,213	$95,837	47.4%
CLAIM LINES FOLLOWED	TOTAL BILLED TO INSURANCE	INSURER RESPONSIBILITY AFTER ADJUSTMENT	STILL OPEN, MEDIAN 59 DAYS

The method matters here. Most collection analysis divides one period's payments by the same period's charges. That is not a collection rate — this month's payments are for claims billed months ago. The only honest method is to take a defined set of claims and follow them forward until each resolves.

TOP 5 FINDINGS — AND WHAT TO DO ABOUT EACH

1 A third of everything billed was never collectible

Of **$144,213** billed across **2,099 claim lines**, **$48,376 — 33.5% —** was contractually written off: the difference between the posted charge and what each payer had agreed to allow. No amount of follow-up recovers a cent of it.

→ **Compute a net collection rate, not a gross one. Counting contractuals as lost revenue is where six-figure "opportunities" come from.**

2 Nearly half is still in flight — and none of it is old

After contractual adjustment, insurers were on the hook for **$95,837**. Paid: **$38,873 (40.6%)**. Still open: **$45,428 (47.4%)**, median age **59 days**, none past 116. This practice does not have a collections problem on recent claims — it has a pipeline that has not finished running.

→ **Do not staff against this. Watch whether that 47% is still 47% in ninety days; that is the real test.**

3 One adjustment code is doing two opposite jobs

CT–WO carries **$41,855**. **78% ($32,808)** posts within thirty days — 45% the same day — on patients with no insurance adjustment, in exact multiples of $5. That is a configured self-pay price list applied at the front desk. Only **12% ($5,171)**, posting at 61 days or later, is genuine bad debt.

→ **Add a second patient-side code: one "Time of Service Discount", one "Write-Off". Two minutes, and the split becomes automatic instead of forensic.**

4 Both halves of that number are wrong, in opposite directions

Any report totalling write-offs shows **$41,855** and reads as bad debt — **eight times** the real figure. Meanwhile **nearly $11,000 a month** of cash-pay pricing is invisible, filed as a loss rather than a pricing decision — with self-pay approaching half the panel and growing fastest.

→ **Report the discount as a pricing line, not a write-off. It is a decision, not a leak.**

5 The migration code is debris — and it poisons any window containing May

CTPPOA carries **$11,723** and decays from $10,747 in June to **$80** by August — not an economic event. The May 2026 cutover also dumped **$247,554** of artefact adjustments into that one month.

→ **Exclude it, and never let a twelve-month analysis window straddle the migration month.**

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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: open-claim detail for claims billed 1 May – 27 August 2026; adjustment detail June–August; payment detail June–July exported 30 August; receivable ageing at 1 September 2026; reconciled against the accounting system's deposit detail, profit-and-loss and balance sheet. Figures are unaudited. Not billing, legal or compliance advice.

WHERE TO START — IN ORDER

1. **Rebuild the collection rate net of contractuals.** Until that is done, no rate on this practice means anything.
2. **Create the second adjustment code today.** It costs two minutes and every month after is measured correctly.
3. **Re-measure the open 47% in ninety days** rather than working it now. Most of it is a pipeline, not a problem.
4. **Surface the $10,936 a month of self-pay discount as pricing.** It is the fastest-growing segment and currently invisible.

EVERY BILLED DOLLAR, FOLLOWED TO ITS END

Disposition	Amount	Share
Contractually written off — never collectible	$48,376.10	33.5%
Paid by the insurer	$38,873.24	27.0%
Still open, awaiting payment	$45,428.07	31.5%
Moved to patient responsibility	$11,481.17	8.0%

ADJUSTMENTS, JUNE – AUGUST 2026

Code	What it is	Amount	Share
CO–45	Contractual, payer-driven	$89,977.25	62.2%
CT–WO	Patient-side write-off — two jobs in one code	$41,855.12	28.9%
CTPPOA	System-migration artefact	$11,722.85	8.1%
All other codes	—	$1,141.67	0.8%
Total		**$144,696.89**	**100%**

MONEY IN HAND, AND MONEY OWED

June 1 – July 31, 2026	Amount	Source
Payments recorded in the practice-management system	$86,708.48	Payment detail
Deposits reaching the bank	$84,528.27	Deposit detail
Revenue booked	$84,528.27	Profit & loss
Variance	**2.5%**	**Settlement timing**

Deposits and booked revenue agree **to the cent**. Two independent systems within 2.5% is what makes everything in this report worth acting on — and it is the step most audits skip. Within those payments, **$11,974 (13.8%)** was never applied to a charge, and card payments carry 92% of it.

AND THE RECEIVABLE IS INVISIBLE

> The practice-management system shows **$557,191** owed, **76% of it past 120 days**, while the balance sheet's current assets are bank accounts only — **no accounts-receivable line at all**. Whatever survives a collectability review is an asset the practice cannot currently see, and until that decision is made every collection percentage it reports has a denominator full of money nobody expects to receive.
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> Separately, **43 accounts hold a credit balance totalling $7,467** — money the practice may owe *back* rather than be owed. That is the one item here with a compliance edge rather than a bookkeeping one. **Resolve it before anything is written off.**

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