Belle Curve Insights

REAL PILOT DATA

Profit Leak Analysis

STEP ONE · PATIENT ACCOUNTS AS THEY STAND

A single-doctor Florida practice · accounts as at 10 September 2026 · prepared by Sandra Stokke

$25,868

received and never applied — held across 122 patient accounts.

122	$17,630	$8,238	40
ACCOUNTS HOLDING MONEY	WILL POST AGAINST CHARGES · 68%	OWED BACK TO PATIENTS · 32%	ACCOUNTS IN CREDIT

This is one number covering two different problems. Most of it is a posting backlog: money that belongs against charges already on the account, and clearing it costs nothing but time. The rest is money the practice holds beyond anything the patient owes. That part is not a backlog and not found revenue — it is a refund owed — cash collected at the desk from patients whose insurance covered the visit in full. That is an unmeasured liability sitting inside a receivable, and the receivable report cannot even see all of it.

TOP 5 FINDINGS — AND WHAT TO DO ABOUT EACH

1. **$17,630 has charges waiting for it**

   Sixty-eight percent of the money held will absorb into balances already on those same accounts. The 122 accounts carry **$42,727** in charges between them. Nothing needs to be collected — it needs to be posted.

   > Work this as a posting task, not a collections task. It reduces the receivable without a single phone call.

2. **$8,238 is money owed back — and the report cannot show all of it**

   Forty accounts sit in a net credit position: the practice holds more of their money than they have charges. The largest are **$913**, **$872**, **$795** and **$781**; the median is **$90**. These are not prepaid plans. They are patients who paid cash at the desk for care their insurance covered in full — one front-desk habit, repeated. Worse, the receivable report only lists accounts with a non-zero ageing bucket, so patients who paid cash and owe nothing appear **nowhere in it at all**: another **42 patients** hold **$2,891** of unapplied cash and are invisible here. The real refund exposure is at least **$11,129**.

   > → Stop collecting at the desk from patients whose plan has no patient responsibility — that is the source. Then refund the forty, and pull the payment detail to find the forty-two this report cannot see. In Florida, unrefunded credits eventually become an unclaimed-property matter.

3. **$7,557 of it is owed against charges more than 120 days old**

   Forty-three percent of the postable money sits on accounts whose charges have already aged past 120 days; 58% past 90. Those balances have been sitting in the receivable, and in some cases going out on statements, while the payment for them was already in hand.

   > Post the oldest accounts first. This is where the aging report is most wrong and the patient experience is worst.

4. **The receivable is not overstated — the collection rate is uncomputable**

   ChiroTouch already subtracts unapplied cash before printing a balance: **$424,798** in charges less **$25,868** held gives the **$398,930** on the report. So the total is right. What is not right is that no one can say what was actually collected against what was actually billed while a fifth of a month's collections sits unassigned.

   > Do not tell a practice its A/R is inflated by this. The damage is to the collection rate and to the statements, not to the total.

5. **$25,868 is a floor, not a total**

   The aging report only lists accounts that still carry a charge — every one of its 1,340 rows has a non-zero bucket. An account holding money and owing nothing does not appear at all. Two of the largest items found in an earlier pull, worth **$3,569** between them, are invisible here for exactly that reason.

   > Ask for an unapplied-payment listing that does not require an open charge. Until then, every figure above is a minimum.

WHERE TO START — IN ORDER

1. **Post the $17,630 against the charges already on those accounts,** oldest first. No collection effort, no patient contact, and the receivable falls as you go.
2. **Refund the 40 credit accounts, and fix the desk.** These are cash payments taken from patients whose insurance covered the visit — the refund is the symptom, the collection habit is the cause.
3. **Get a listing of accounts holding money with no open charge.** The aging report cannot show them, so the true total is unknown today.
4. **Then compute a collection rate.** It is not a meaningful number until the posting backlog is cleared.

HOW THE $25,868 SPLITS

As of 10 September 2026	Accounts	Amount	Share
Will post against charges on the same account	—	**$17,630.25**	68%
Exceeds what the patient owes	40	**$8,238.08**	32%
Held and unapplied	**122**	**$25,868.33**	**100%**

THE RECEIVABLE IT SITS INSIDE

Patient accounts	Amount	Note
Charges outstanding	**$424,798.18**	Sum of the aging buckets
Less cash held but unapplied	**−$25,868.33**	Already deducted by the system
Patient receivable as reported	**$398,929.85**	1,340 accounts
Payer receivable	**$167,027.38**	57.7% past 120 days
Total receivable	**$565,957.23**	82.8% of patient charges are 121+ days

Both A/R reports were pulled the same day as the payment detail, so the two tie. The aging profile is the reason the posting backlog matters: on a receivable this old, money already in hand should not be sitting unassigned.

See what this looks like on your own numbers.

A fixed-scope Profit Leak Analysis, start to findings call, in about a week · sandra@bellecurveinsights.com · 239-469-4021