Belle Curve Insights

CASE STUDY · INSURANCE COLLECTIONS

The Second Pull

We ran the same report twice. The gap fell $4,071 — and only $127 of it was money.

PRACTICE
Practice A · name withheld

ENGAGEMENT
No-charge pilot · single provider

WINDOW
June 1 – July 30, 2026 · pulled 7/31/2026 and 9/02/2026

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The number that got smaller

One report, two pulls, five weeks apart — and what moved in between.

A practice asked us to look at two months of insurance collections. We pulled the standard Insurance Collections report on **July 31**, the day after the window closed. It showed a 35% gap: insurers recorded as owing **$47,720**, only **$31,087** collected. A 65.1% collection rate.

That is the number most billing reviews put in front of a doctor, usually annualized into something alarming. We didn't. We pulled the identical report again five weeks later and set the two side by side.

$127	$3,944	+6.2 pts
NEW MONEY IN 34 DAYS	OWED RESTATED DOWNWARD	APPARENT RATE IMPROVEMENT

Pull date	Owed	Collected	Gap	Rate
July 31, 2026 — day after window closed	$47,720.48	$31,087.03	$16,633.45	65.1%
September 2, 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**

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.

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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, five weeks apart. Not one dollar moved.

Segment	Share of units	Share of billed $	Owed / unit	Share of remaining 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.

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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