



ADDENDUM NO. 2

DATE: April 21, 2023

Project Name: Ambulance Billing Service

Last Day for Questions: April 26, 2023

Proposal Due Date and Time: May 2, 2023 by 4:00 PM

NOTICE TO ALL BIDDERS

Bidders must acknowledge receipt of all addenda in the appropriate place provided on the cost proposal form. Failure to do so may result in the disqualification or rejection of the proposal.

Subject: Request for Proposal Ambulance Billing Services Questions & Answers

- 1. Q: Please provide information on each of the items below:**
 - a. Amount of outstanding accounts receivable – dollar amount and line items**
 - i. By Carrier**
 - ii. By Patient**
 - iii. By aged 0-30; 31-60;61-90;91-120 121+ (pt and insurance)**
 - b. Format which detailed information will be provided on outstanding claims and patient balances.**

A: 1 a. See attachment #1, Aged Accounts Receivable

A: 1 b. The City of Kenai will work with the selected vendor to provide the information on outstanding claims and patient balances in a format that is acceptable to all parties.

ATTACHMENTS:

Attachment No. 1 – Transaction Journal Summary 2022

END OF ADDENDUM NO 2

Report thru Date: 04/21/23
Date Report Run: 04/21/23

City of Kenai
AGED ACCOUNTS RECEIVABLE

Page # 1 of 10

Cut Off Date	04/21/2023
Remaining Amount	0
Company	City of Kenai

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-1313-22:1		\$968.00	\$0.00	\$0.00	\$0.00	\$0.00	\$968.00	Alaska Medicaid
109-1496-22:1		\$0.00	\$0.00	\$727.80	\$0.00	\$0.00	\$727.80	Private
109-1420-22:1		\$0.00	\$0.00	\$140.28	\$0.00	\$0.00	\$140.28	Private
109-0022-23:1		\$0.00	\$0.00	\$843.00	\$0.00	\$0.00	\$843.00	Alaska Medicaid
109-0092-23:1		\$0.00	\$944.20	\$0.00	\$0.00	\$0.00	\$944.20	Alaska Medicaid
109-0064-23:1		\$0.00	\$965.20	\$0.00	\$0.00	\$0.00	\$965.20	Alaska Medicaid
109-0323-23:1		\$998.80	\$0.00	\$0.00	\$0.00	\$0.00	\$998.80	Alaska Medicaid
109-0085-23:1		\$0.00	\$822.00	\$0.00	\$0.00	\$0.00	\$822.00	Alaska Medicaid
109-0033-23:1		\$0.00	\$170.66	\$0.00	\$0.00	\$0.00	\$170.66	Private
109-0414-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Alaska Medicaid
109-1098-20:1		\$0.00	\$0.00	\$0.00	\$0.00	\$842.80	\$842.80	VA Community Care
109-0163-23:1		\$827.60	\$0.00	\$0.00	\$0.00	\$0.00	\$827.60	Private
109-0156-23:1		\$941.40	\$0.00	\$0.00	\$0.00	\$0.00	\$941.40	Premera Blue Card
109-0158-23:1		\$702.60	\$0.00	\$0.00	\$0.00	\$0.00	\$702.60	Premera Blue Card
109-0256-23:1		\$958.20	\$0.00	\$0.00	\$0.00	\$0.00	\$958.20	Medicare B Alaska
109-1443-22:1		\$0.00	\$0.00	\$831.80	\$0.00	\$0.00	\$831.80	Alaska Medicaid
109-0541-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$53.40	\$53.40	Private
109-0214-23:1		\$0.00	\$702.60	\$0.00	\$0.00	\$0.00	\$702.60	PCS INCOMPLETE
109-0244-23:1		\$958.20	\$0.00	\$0.00	\$0.00	\$0.00	\$958.20	Alaska Medicaid
109-1513-22:1		\$0.00	\$0.00	\$698.40	\$0.00	\$0.00	\$698.40	Premera Blue Card
109-1273-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$727.80	\$727.80	Alaska Medicaid
109-0257-23:1		\$976.40	\$0.00	\$0.00	\$0.00	\$0.00	\$976.40	Medicare B Alaska
109-0304-23:1		\$976.40	\$0.00	\$0.00	\$0.00	\$0.00	\$976.40	Medicare B Alaska
109-0123-23:1		\$160.10	\$0.00	\$0.00	\$0.00	\$0.00	\$160.10	XO Tricare for Life
109-0242-23:1		\$831.80	\$0.00	\$0.00	\$0.00	\$0.00	\$831.80	Medicare B Alaska
109-0377-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Medicare B Alaska
109-0929-22:1		\$0.00	\$725.00	\$0.00	\$0.00	\$0.00	\$725.00	Alaska Medicaid
109-1247-21:1		\$0.00	\$0.00	\$0.00	\$604.00	\$0.00	\$604.00	Alaska Native Medical Center
109-1479-22:1		\$0.00	\$0.00	\$963.80	\$0.00	\$0.00	\$963.80	Alaska Medicaid
109-0913-21:1		\$0.00	\$0.00	\$0.00	\$0.00	\$750.00	\$750.00	XO Alaska Medicaid

Report thru Date: 04/21/23

Date Report Run: 04/21/23

City of Kenai

Page # 2 of 10

AGED ACCOUNTS RECEIVABLE

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0047-23:2		\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00	Private
109-0229-23:1		\$926.00	\$0.00	\$0.00	\$0.00	\$0.00	\$926.00	Alaska Medicaid
109-0262-23:1		\$794.00	\$0.00	\$0.00	\$0.00	\$0.00	\$794.00	Alaska Medicaid
109-0061-22:1		\$0.00	\$709.40	\$0.00	\$0.00	\$0.00	\$709.40	Private
109-0329-23:1		\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$808.00	USAA Auto Claims
109-0217-23:1		\$162.21	\$0.00	\$0.00	\$0.00	\$0.00	\$162.21	XO GEHA
109-0371-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Medicare B Alaska
109-1358-22:1		\$0.00	\$0.00	\$0.00	\$969.40	\$0.00	\$969.40	Alaska Medicaid
109-0273-23:1		\$955.40	\$0.00	\$0.00	\$0.00	\$0.00	\$955.40	Private
109-0534-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$143.43	\$143.43	Private
109-0674-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$135.80	\$135.80	Premera Blue Card
109-0690-21:1		\$0.00	\$0.00	\$0.00	\$0.00	\$710.80	\$710.80	Premera Blue Card
109-0106-23:1		\$0.00	\$875.60	\$0.00	\$0.00	\$0.00	\$875.60	Alaska Medicaid
109-0318-23:1		\$708.20	\$0.00	\$0.00	\$0.00	\$0.00	\$708.20	Alaska Medicaid
109-0303-23:1		\$961.00	\$0.00	\$0.00	\$0.00	\$0.00	\$961.00	Private
109-1087-22:1		\$0.00	\$0.00	\$0.00	\$0.00	(\$646.81)	(\$646.81)	Medicare B Alaska
109-0205-23:1		\$961.00	\$0.00	\$0.00	\$0.00	\$0.00	\$961.00	Alaska Medicaid
109-1194-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$152.43	\$152.43	Private
109-0417-22:1		\$0.00	\$0.00	\$0.00	(\$743.98)	\$0.00	(\$743.98)	Medicare B Alaska
109-0277-23:1		\$949.80	\$0.00	\$0.00	\$0.00	\$0.00	\$949.80	Private
109-0343-23:1		\$822.00	\$0.00	\$0.00	\$0.00	\$0.00	\$822.00	Alaska Medicaid
109-1027-22:1		\$0.00	\$0.00	\$0.00	\$93.52	\$0.00	\$93.52	Private
109-0271-23:1		\$1,007.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,007.20	Alaska Medicaid
109-1433-22:1		\$0.00	\$0.00	\$998.80	\$0.00	\$0.00	\$998.80	Private
109-0296-23:1		\$976.40	\$0.00	\$0.00	\$0.00	\$0.00	\$976.40	Alaska Medicaid
109-0350-23:1		\$975.00	\$0.00	\$0.00	\$0.00	\$0.00	\$975.00	Medicare B Alaska
109-0313-23:1		\$917.60	\$0.00	\$0.00	\$0.00	\$0.00	\$917.60	Medicare B Alaska
109-0358-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Medicare B Alaska
109-1431-22:1		\$0.00	\$0.00	\$935.80	\$0.00	\$0.00	\$935.80	Alaska Medicaid
109-0370-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	
109-0124-23:1		\$100.01	\$0.00	\$0.00	\$0.00	\$0.00	\$100.01	Tanana Chiefs Conference
109-0395-23:1		\$564.00	\$0.00	\$0.00	\$0.00	\$0.00	\$564.00	
109-0125-23:1		\$0.00	\$907.80	\$0.00	\$0.00	\$0.00	\$907.80	Private

Report thru Date: 04/21/23

City of Kenai

Page # 3 of 10

Date Report Run: 04/21/23

AGED ACCOUNTS RECEIVABLE

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0231-23:1		\$824.80	\$0.00	\$0.00	\$0.00	\$0.00	\$824.80	Alaska Medicaid
109-0209-23:1		\$0.00	\$704.00	\$0.00	\$0.00	\$0.00	\$704.00	PCS INCOMPLETE
109-1170-22:1		\$0.00	\$0.00	\$829.00	\$0.00	\$0.00	\$829.00	Private
109-0573-22:1		\$0.00	\$0.00	\$0.00	(\$789.60)	\$0.00	(\$789.60)	Medicare B Alaska
109-0154-23:1		\$701.20	\$0.00	\$0.00	\$0.00	\$0.00	\$701.20	Alaska Medicaid
109-0018-23:1		\$0.00	\$0.00	\$975.00	\$0.00	\$0.00	\$975.00	Alaska Medicaid
109-0237-23:1		\$851.40	\$0.00	\$0.00	\$0.00	\$0.00	\$851.40	Alaska Medicaid
109-0247-23:1		\$1,151.40	\$0.00	\$0.00	\$0.00	\$0.00	\$1,151.40	Alaska Medicaid
109-0250-23:1		\$0.00	\$726.40	\$0.00	\$0.00	\$0.00	\$726.40	PCS INCOMPLETE
109-1457-22:1		\$0.00	\$0.00	\$976.40	\$0.00	\$0.00	\$976.40	Alaska Medicaid
109-1207-22:1		\$0.00	\$0.00	\$947.00	\$0.00	\$0.00	\$947.00	Private
109-1308-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$944.20	\$944.20	Arizona Medicaid-AHCCCS
109-0006-23:1		\$0.00	\$0.00	\$927.40	\$0.00	\$0.00	\$927.40	Alaska Medicaid
109-0405-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Alaska Medicaid
109-0028-23:1		\$0.00	\$0.00	\$968.00	\$0.00	\$0.00	\$968.00	Alaska Medicaid
109-0388-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Alaska Medicaid
109-0375-23:1		\$564.00	\$0.00	\$0.00	\$0.00	\$0.00	\$564.00	
109-1143-22:1		\$0.00	\$0.00	\$889.60	\$0.00	\$0.00	\$889.60	Private
109-1460-22:1		\$0.00	\$0.00	\$141.40	\$0.00	\$0.00	\$141.40	Medicare B Alaska
109-0338-23:1		\$949.80	\$0.00	\$0.00	\$0.00	\$0.00	\$949.80	Medicare B Alaska
109-0709-22:1		\$0.00	\$751.80	\$0.00	\$0.00	\$0.00	\$751.80	Caremark
109-1427-22:1		\$0.00	\$0.00	\$750.60	\$0.00	\$0.00	\$750.60	Alaska Medicaid
109-1377-22:1		\$0.00	\$0.00	\$0.00	\$934.40	\$0.00	\$934.40	Private
109-1378-22:1		\$0.00	\$0.00	\$0.00	\$830.40	\$0.00	\$830.40	Private
109-1277-22:1		\$0.00	\$0.00	\$0.00	\$826.20	\$0.00	\$826.20	Private
109-0337-23:1		\$801.00	\$0.00	\$0.00	\$0.00	\$0.00	\$801.00	Alaska Medicaid
109-0236-23:1		\$850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$850.00	Medicare B Alaska
109-0160-23:1		\$0.00	\$0.00	\$702.60	\$0.00	\$0.00	\$702.60	PCS INCOMPLETE
109-0206-22:1		\$0.00	(\$717.71)	\$0.00	\$0.00	\$0.00	(\$717.71)	XO Alaska Medicaid
109-0400-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	
109-0310-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Alaska Medicaid
109-0119-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$623.60	\$623.60	Private
109-0120-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$626.40	\$626.40	Private

Report thru Date: 04/21/23

Date Report Run: 04/21/23

City of Kenai

Page # 4 of 10

AGED ACCOUNTS RECEIVABLE

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0399-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	VA Regional Payment Center
109-1146-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$813.60	\$813.60	Denaina Health Clinic
109-1411-22:1		\$93.03	\$0.00	\$0.00	\$0.00	\$0.00	\$93.03	XO Mutual of Omaha
109-0032-23:1		\$0.00	\$0.00	\$816.40	\$0.00	\$0.00	\$816.40	Alaska Medicaid
109-0326-23:1		\$854.60	\$0.00	\$0.00	\$0.00	\$0.00	\$854.60	Alaska Medicaid
109-1201-22:1		\$0.00	\$0.00	\$809.40	\$0.00	\$0.00	\$809.40	Private
109-0235-23:1		\$955.40	\$0.00	\$0.00	\$0.00	\$0.00	\$955.40	Alaska Medicaid
109-1476-22:1		\$0.00	\$0.00	\$955.40	\$0.00	\$0.00	\$955.40	Alaska Medicaid
109-1482-22:1		\$0.00	\$0.00	\$830.40	\$0.00	\$0.00	\$830.40	Alaska Medicaid
109-1521-22:1		\$0.00	\$0.00	\$955.40	\$0.00	\$0.00	\$955.40	Alaska Medicaid
109-0210-23:1		\$954.00	\$0.00	\$0.00	\$0.00	\$0.00	\$954.00	Private
109-0122-23:1		\$100.54	\$0.00	\$0.00	\$0.00	\$0.00	\$100.54	XO Premera Blue Card
109-1013-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$561.20	\$561.20	Private
109-0260-23:1		\$927.40	\$0.00	\$0.00	\$0.00	\$0.00	\$927.40	Alaska Medicaid
109-0270-23:1		\$928.80	\$0.00	\$0.00	\$0.00	\$0.00	\$928.80	Alaska Medicaid
109-0274-23:1		\$802.40	\$0.00	\$0.00	\$0.00	\$0.00	\$802.40	Alaska Medicaid
109-0284-23:1		\$930.20	\$0.00	\$0.00	\$0.00	\$0.00	\$930.20	Alaska Medicaid
109-1174-21:1		\$699.60	\$0.00	\$0.00	\$0.00	\$0.00	\$699.60	Alaska Medicaid
109-1334-22:1		\$0.00	\$152.18	\$0.00	\$0.00	\$0.00	\$152.18	Private
109-1374-22:1		\$0.00	\$0.00	\$0.00	\$699.80	\$0.00	\$699.80	Alaska Medicaid
109-0146-23:1		\$938.60	\$0.00	\$0.00	\$0.00	\$0.00	\$938.60	Medicare B Alaska
109-0878-22:1		\$0.00	\$0.00	\$0.00	\$1,106.60	\$0.00	\$1,106.60	Private
109-0254-20:1		\$0.00	\$0.00	\$0.00	\$849.80	\$0.00	\$849.80	Private
109-0339-23:1		\$965.20	\$0.00	\$0.00	\$0.00	\$0.00	\$965.20	Medicare B Alaska
109-0312-23:1		\$937.20	\$0.00	\$0.00	\$0.00	\$0.00	\$937.20	Alaska Medicaid
109-1481-22:1		\$0.00	\$0.00	\$160.93	\$0.00	\$0.00	\$160.93	Alaska Native Medical Center
109-0259-23:1		\$959.60	\$0.00	\$0.00	\$0.00	\$0.00	\$959.60	Private
109-0288-23:1		\$840.20	\$0.00	\$0.00	\$0.00	\$0.00	\$840.20	Private
109-0422-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Medicare B Alaska
109-0119-23:1		\$0.00	\$937.20	\$0.00	\$0.00	\$0.00	\$937.20	Alaska Medicaid
109-1167-22:1		\$0.00	\$968.00	\$0.00	\$0.00	\$0.00	\$968.00	Meritain Health
109-0046-23:1		\$0.00	\$0.00	\$955.40	\$0.00	\$0.00	\$955.40	Denaina Health Clinic
109-0408-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Alaska Medicaid

Report thru Date: 04/21/23

Date Report Run: 04/21/23

City of Kenai

Page # 5 of 10

AGED ACCOUNTS RECEIVABLE

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0325-23:1		\$927.40	\$0.00	\$0.00	\$0.00	\$0.00	\$927.40	Alaska Medicaid
109-0053-23:1		\$0.00	\$945.60	\$0.00	\$0.00	\$0.00	\$945.60	Alaska Medicaid
109-0395-22:1		\$0.00	\$0.00	\$0.00	\$0.00	(\$724.76)	(\$724.76)	Premera Blue Card
109-1422-22:1		\$92.55	\$0.00	\$0.00	\$0.00	\$0.00	\$92.55	XO BC/BS Federal-Premera
109-0080-23:1		\$0.00	\$948.40	\$0.00	\$0.00	\$0.00	\$948.40	Alaska Medicaid
109-1493-22:1		\$0.00	\$0.00	\$941.40	\$0.00	\$0.00	\$941.40	Alaska Medicaid
109-0218-23:1		\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$808.00	Alaska Medicaid
109-0871-21:1		\$0.00	\$0.00	\$0.00	\$634.80	\$0.00	\$634.80	Private
109-0782-21:1		\$0.00	\$0.00	\$0.00	\$824.60	\$0.00	\$824.60	Private
109-0065-23:1		\$0.00	\$165.12	\$0.00	\$0.00	\$0.00	\$165.12	Denaina Health Clinic
109-0149-23:1		\$969.40	\$0.00	\$0.00	\$0.00	\$0.00	\$969.40	Alaska Medicaid
109-0225-23:1		\$948.40	\$0.00	\$0.00	\$0.00	\$0.00	\$948.40	Alaska Medicaid
109-0171-22:1		\$0.00	\$0.00	\$0.00	\$93.03	\$0.00	\$93.03	Private
109-0145-23:1		\$701.20	\$0.00	\$0.00	\$0.00	\$0.00	\$701.20	Private
109-1302-19:1		\$0.00	\$0.00	\$0.00	\$483.20	\$0.00	\$483.20	Alaska Native Medical Center
109-0840-22:1		\$0.00	\$0.00	\$0.00	\$0.00	(\$159.23)	(\$159.23)	Aetna/ASEA Local 52
109-0336-23:1		\$1,000.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.20	Alaska Medicaid
109-0300-23:1		\$0.00	\$704.00	\$0.00	\$0.00	\$0.00	\$704.00	PCS INCOMPLETE
109-0162-23:1		\$702.60	\$0.00	\$0.00	\$0.00	\$0.00	\$702.60	Private
109-1523-22:1		\$0.00	\$0.00	\$927.40	\$0.00	\$0.00	\$927.40	Alaska Medicaid
109-1519-22:1		\$0.00	\$0.00	\$927.40	\$0.00	\$0.00	\$927.40	Alaska Medicaid
109-1133-22:1		\$0.00	\$0.00	\$0.00	\$930.20	\$0.00	\$930.20	Private
109-0364-23:1		\$848.60	\$0.00	\$0.00	\$0.00	\$0.00	\$848.60	Alaska Medicaid
109-0197-22:1		\$0.00	\$0.00	\$0.00	\$96.92	\$0.00	\$96.92	Private
109-0209-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$620.80	\$620.80	XO BC/BS Federal-Premera
109-0599-22:1		\$0.00	\$0.00	\$0.00	\$157.29	\$0.00	\$157.29	Private
109-0890-22:1		\$0.00	\$0.00	\$0.00	\$684.40	\$0.00	\$684.40	Private
109-0130-23:1		\$0.00	\$1,115.00	\$0.00	\$0.00	\$0.00	\$1,115.00	Alaska Medicaid
109-0192-23:1		\$147.81	\$0.00	\$0.00	\$0.00	\$0.00	\$147.81	Private
109-0196-23:1		\$725.00	\$0.00	\$0.00	\$0.00	\$0.00	\$725.00	Private
109-1462-22:1		\$0.00	\$0.00	\$702.60	\$0.00	\$0.00	\$702.60	BC/BS Federal-Premera AK E WA
109-0381-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Alaska Medicaid
109-1316-22:1		\$829.00	\$0.00	\$0.00	\$0.00	\$0.00	\$829.00	BC/BS Federal-Premera AK E WA

Report thru Date: 04/21/23

Date Report Run: 04/21/23

City of Kenai

Page # 6 of 10

AGED ACCOUNTS RECEIVABLE

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0263-23:1		\$848.60	\$0.00	\$0.00	\$0.00	\$0.00	\$848.60	Premera Blue Card
109-0297-23:1		\$862.60	\$0.00	\$0.00	\$0.00	\$0.00	\$862.60	Private
109-0049-23:1		\$0.00	\$841.60	\$0.00	\$0.00	\$0.00	\$841.60	Medicare B Alaska
109-0282-23:1		\$965.20	\$0.00	\$0.00	\$0.00	\$0.00	\$965.20	Alaska Medicaid
109-1503-22:1		\$0.00	\$0.00	\$841.60	\$0.00	\$0.00	\$841.60	Alaska Medicaid
109-0981-22:1		\$0.00	\$0.00	\$0.00	\$958.20	\$0.00	\$958.20	BC/BS Federal-Premera AK E WA
109-0181-23:1		\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	Private
109-0140-23:1		\$958.20	\$0.00	\$0.00	\$0.00	\$0.00	\$958.20	Alaska Medicaid
109-1083-22:1		\$0.00	\$0.00	\$159.47	\$0.00	\$0.00	\$159.47	Private
109-0151-23:1		\$989.00	\$0.00	\$0.00	\$0.00	\$0.00	\$989.00	Private
109-1262-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$931.60	\$931.60	Private
109-0114-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$609.14	\$609.14	Denaina Health Clinic
109-0219-23:1		\$159.84	\$0.00	\$0.00	\$0.00	\$0.00	\$159.84	Alaska Medicaid
109-0294-23:1		\$968.00	\$0.00	\$0.00	\$0.00	\$0.00	\$968.00	Aetna
109-0314-23:1		\$947.00	\$0.00	\$0.00	\$0.00	\$0.00	\$947.00	Medicare B Alaska
109-0392-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Medicare B Alaska
109-0044-23:1		\$0.00	\$0.00	\$829.00	\$0.00	\$0.00	\$829.00	Alaska Medicaid
109-0089-23:1		\$0.00	\$791.20	\$0.00	\$0.00	\$0.00	\$791.20	Alaska Medicaid
109-0999-20:1		\$894.60	\$0.00	\$0.00	\$0.00	\$0.00	\$894.60	Private
109-1473-22:1		\$249.54	\$0.00	\$0.00	\$0.00	\$0.00	\$249.54	Alaska Native Medical Center
109-0540-22:1		\$0.00	\$0.00	\$0.00	\$134.33	\$0.00	\$134.33	Private
109-1217-22:1		\$0.00	\$0.00	\$0.00	\$292.50	\$0.00	\$292.50	Private
109-1005-22:1		\$0.00	\$0.00	\$0.00	\$994.60	\$0.00	\$994.60	Private
109-1467-22:1		\$0.00	\$69.22	\$0.00	\$0.00	\$0.00	\$69.22	XO AARP Medicare Supplemental
109-0116-23:1		\$100.27	\$0.00	\$0.00	\$0.00	\$0.00	\$100.27	XO ChampVA Office of Comm Care
109-0378-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	
109-0234-23:1		\$841.60	\$0.00	\$0.00	\$0.00	\$0.00	\$841.60	Alaska Medicaid
109-0699-22:1		\$743.00	\$0.00	\$0.00	\$0.00	\$0.00	\$743.00	Private
109-0708-22:1		\$868.00	\$0.00	\$0.00	\$0.00	\$0.00	\$868.00	Private
109-1465-22:1		\$150.48	\$0.00	\$0.00	\$0.00	\$0.00	\$150.48	XO Alaska Medicaid
109-0191-23:1		\$820.60	\$0.00	\$0.00	\$0.00	\$0.00	\$820.60	Alaska Medicaid
109-0287-23:1		\$850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$850.00	Alaska Medicaid
109-1287-22:1		\$0.00	\$0.00	\$187.16	\$0.00	\$0.00	\$187.16	Private

Report thru Date: 04/21/23
Date Report Run: 04/21/23

City of Kenai
AGED ACCOUNTS RECEIVABLE

Page # 7 of 10

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0409-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Alaska Medicaid
109-0743-22:1		\$0.00	\$0.00	\$0.00	\$117.08	\$0.00	\$117.08	Private
109-1441-22:1		\$0.00	\$0.00	\$808.00	\$0.00	\$0.00	\$808.00	Private
109-0188-23:1		\$975.00	\$0.00	\$0.00	\$0.00	\$0.00	\$975.00	Private
109-0224-23:1		\$843.00	\$0.00	\$0.00	\$0.00	\$0.00	\$843.00	Alaska Medicaid
109-0292-23:1		\$965.20	\$0.00	\$0.00	\$0.00	\$0.00	\$965.20	Alaska Medicaid
109-0298-23:1		\$840.20	\$0.00	\$0.00	\$0.00	\$0.00	\$840.20	Alaska Medicaid
109-0321-23:1		\$840.20	\$0.00	\$0.00	\$0.00	\$0.00	\$840.20	Alaska Medicaid
109-0357-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Alaska Medicaid
109-0115-23:1		\$0.00	\$796.80	\$0.00	\$0.00	\$0.00	\$796.80	Alaska Medicaid
109-0362-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	
109-1203-22:1		\$0.00	\$0.00	\$0.00	\$536.99	\$0.00	\$536.99	Private
109-0015-23:1		\$0.00	\$0.00	\$704.00	\$0.00	\$0.00	\$704.00	MODA
109-0240-23:1		\$864.00	\$0.00	\$0.00	\$0.00	\$0.00	\$864.00	Medicare B Alaska
109-0331-23:1		\$872.40	\$0.00	\$0.00	\$0.00	\$0.00	\$872.40	Medicare B Alaska
109-0268-23:1		\$810.80	\$0.00	\$0.00	\$0.00	\$0.00	\$810.80	Medicare B Alaska
109-0147-23:1		\$690.00	\$0.00	\$0.00	\$0.00	\$0.00	\$690.00	Alaska Medicaid
109-0785-21:1		\$0.00	\$0.00	\$0.00	\$769.60	\$0.00	\$769.60	Private
109-0795-21:1		\$0.00	\$0.00	\$0.00	\$772.40	\$0.00	\$772.40	Private
109-0048-23:1		\$677.76	\$0.00	\$0.00	\$0.00	\$0.00	\$677.76	Private
109-0070-23:1		\$676.64	\$0.00	\$0.00	\$0.00	\$0.00	\$676.64	Private
109-0071-23:1		\$0.00	\$818.36	\$0.00	\$0.00	\$0.00	\$818.36	Aetna/ASEA Local 52
109-0313-22:1		\$673.68	\$0.00	\$0.00	\$0.00	\$0.00	\$673.68	Private
109-1365-22:1		\$0.00	\$0.00	\$677.76	\$0.00	\$0.00	\$677.76	Denaina Health Clinic
109-1014-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$993.20	\$993.20	Private
109-1353-22:1		\$0.00	\$0.00	\$0.00	\$701.20	\$0.00	\$701.20	Private
109-1509-22:1		\$0.00	\$0.00	\$975.00	\$0.00	\$0.00	\$975.00	Alaska Medicaid
109-0233-23:1		\$704.00	\$0.00	\$0.00	\$0.00	\$0.00	\$704.00	Medicare B Alaska
109-0028-22:1		\$0.00	\$0.00	\$0.00	\$852.60	\$0.00	\$852.60	Private
109-0139-23:1		\$923.20	\$0.00	\$0.00	\$0.00	\$0.00	\$923.20	Private
109-0142-23:1		\$699.80	\$0.00	\$0.00	\$0.00	\$0.00	\$699.80	Private
109-0187-23:1		\$802.40	\$0.00	\$0.00	\$0.00	\$0.00	\$802.40	Alaska Medicaid
109-1484-22:1		\$0.00	\$0.00	\$954.00	\$0.00	\$0.00	\$954.00	Alaska Medicaid

Report thru Date: 04/21/23

Date Report Run: 04/21/23

City of Kenai

Page # 8 of 10

AGED ACCOUNTS RECEIVABLE

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0265-23:1		\$952.60	\$0.00	\$0.00	\$0.00	\$0.00	\$952.60	Medicare B Alaska
109-0450-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$750.00	\$750.00	Medicare B Alaska
109-0016-23:1		\$0.00	\$0.00	\$843.00	\$0.00	\$0.00	\$843.00	Alaska Medicaid
109-1469-22:1		\$0.00	\$0.00	\$96.60	\$0.00	\$0.00	\$96.60	Medicare B Alaska
109-0098-23:1		\$0.00	\$968.00	\$0.00	\$0.00	\$0.00	\$968.00	BC/BS Federal-Premera AK E WA
109-0128-23:1		\$850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$850.00	Medicare B Alaska
109-0136-23:1		\$725.00	\$0.00	\$0.00	\$0.00	\$0.00	\$725.00	Medicare B Alaska
109-0245-23:1		\$977.80	\$0.00	\$0.00	\$0.00	\$0.00	\$977.80	Medicare B Alaska
109-0252-23:1		\$0.00	\$727.80	\$0.00	\$0.00	\$0.00	\$727.80	PCS INCOMPLETE
109-0330-23:1		\$852.80	\$0.00	\$0.00	\$0.00	\$0.00	\$852.80	Medicare B Alaska
109-0862-22:1		\$157.29	\$0.00	\$0.00	\$0.00	\$0.00	\$157.29	XO Alaska Medicaid
109-0863-22:1		\$726.40	\$0.00	\$0.00	\$0.00	\$0.00	\$726.40	Alaska Medicaid
109-0269-23:1		\$965.20	\$0.00	\$0.00	\$0.00	\$0.00	\$965.20	Alaska Medicaid
109-1397-22:1		\$945.60	\$0.00	\$0.00	\$0.00	\$0.00	\$945.60	Kenai Peninsula Youth Facility
109-1453-22:1		\$0.00	\$0.00	\$819.20	\$0.00	\$0.00	\$819.20	Alaska Medicaid
109-0155-23:1		\$702.60	\$0.00	\$0.00	\$0.00	\$0.00	\$702.60	VA Regional Payment Center
109-1477-22:1		\$0.00	\$906.40	\$0.00	\$0.00	\$0.00	\$906.40	Alaska Medicaid
109-1480-22:1		\$0.00	\$0.00	\$933.00	\$0.00	\$0.00	\$933.00	Private
109-0289-23:1		\$812.20	\$0.00	\$0.00	\$0.00	\$0.00	\$812.20	Alaska Medicaid
109-1156-22:1		\$983.40	\$0.00	\$0.00	\$0.00	\$0.00	\$983.40	Alaska Medicaid
109-1421-22:1		\$0.00	\$195.88	\$0.00	\$0.00	\$0.00	\$195.88	Private
109-0315-23:1		\$1,136.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,136.00	Aetna
109-1416-22:1		\$0.00	\$93.52	\$0.00	\$0.00	\$0.00	\$93.52	Private
109-0276-23:1		\$948.40	\$0.00	\$0.00	\$0.00	\$0.00	\$948.40	Aetna Medadvantage HMO
109-0412-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Employee Benefit Mgmnt Service
109-1461-22:1		\$702.60	\$0.00	\$0.00	\$0.00	\$0.00	\$702.60	Alaska Medicaid
109-1407-21:1		\$0.00	\$0.00	\$0.00	\$719.20	\$0.00	\$719.20	Private
109-0088-23:1		\$0.00	\$830.40	\$0.00	\$0.00	\$0.00	\$830.40	Alaska Medicaid
109-1468-22:1		\$0.00	\$0.00	\$931.60	\$0.00	\$0.00	\$931.60	Geico Direct AK
109-0170-23:1		\$996.00	\$0.00	\$0.00	\$0.00	\$0.00	\$996.00	Aetna
109-1343-22:1		\$0.00	\$0.00	\$398.96	\$0.00	\$0.00	\$398.96	Alaska Medicaid
109-0249-23:1		\$816.40	\$0.00	\$0.00	\$0.00	\$0.00	\$816.40	Medicare B Alaska
109-0239-23:1		\$840.20	\$0.00	\$0.00	\$0.00	\$0.00	\$840.20	Alaska Medicaid

Report thru Date: 04/21/23
Date Report Run: 04/21/23

City of Kenai
AGED ACCOUNTS RECEIVABLE

Page # 9 of 10

Ticket	Patient Name	Cur	31-60	61-90	91-120	121+ Days	Total	Current Payer
109-0243-23:1		\$840.20	\$0.00	\$0.00	\$0.00	\$0.00	\$840.20	Alaska Medicaid
109-0255-23:1		\$840.20	\$0.00	\$0.00	\$0.00	\$0.00	\$840.20	Alaska Medicaid
109-0393-23:1		\$564.00	\$0.00	\$0.00	\$0.00	\$0.00	\$564.00	VA Regional Payment Center
109-0396-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	VA Regional Payment Center
109-0039-23:1		\$0.00	\$0.00	\$798.20	\$0.00	\$0.00	\$798.20	Alaska Medicaid
109-0901-22:1		\$0.00	\$0.00	\$816.40	\$0.00	\$0.00	\$816.40	Alaska Medicaid
109-1522-22:1		\$0.00	\$0.00	\$144.20	\$0.00	\$0.00	\$144.20	Premera Blue Card
109-0134-23:1		\$0.00	\$951.20	\$0.00	\$0.00	\$0.00	\$951.20	Alaska Medicaid
109-0413-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	Alaska Medicaid
109-0168-21:1		\$0.00	\$0.00	\$0.00	\$0.00	(\$126.40)	(\$126.40)	XO Aetna
109-0380-23:1		\$689.00	\$0.00	\$0.00	\$0.00	\$0.00	\$689.00	Medicare B Alaska
109-0223-23:1		\$940.00	\$0.00	\$0.00	\$0.00	\$0.00	\$940.00	Alaska Medicaid
109-0340-23:1		\$975.00	\$0.00	\$0.00	\$0.00	\$0.00	\$975.00	Medicare B Alaska
109-1500-22:1		\$0.00	\$0.00	\$951.20	\$0.00	\$0.00	\$951.20	Alaska Medicaid
109-0295-23:1		\$948.40	\$0.00	\$0.00	\$0.00	\$0.00	\$948.40	Medicare B Alaska
109-0169-23:1		\$143.06	\$0.00	\$0.00	\$0.00	\$0.00	\$143.06	XO Premera Blue Card
109-1418-22:1		\$0.00	\$0.00	\$920.40	\$0.00	\$0.00	\$920.40	Alaska Medicaid
109-1111-22:1		\$0.00	\$0.00	\$0.00	\$959.60	\$0.00	\$959.60	Private
109-0165-23:1		\$147.81	\$0.00	\$0.00	\$0.00	\$0.00	\$147.81	XO Mutual of Omaha
109-0199-23:1		\$169.34	\$0.00	\$0.00	\$0.00	\$0.00	\$169.34	XO Mutual of Omaha
109-0368-23:1		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00	
109-0184-23:1		\$160.36	\$0.00	\$0.00	\$0.00	\$0.00	\$160.36	Private
109-0261-23:1		\$803.80	\$0.00	\$0.00	\$0.00	\$0.00	\$803.80	Medicare B Alaska
109-0344-23:1		\$928.80	\$0.00	\$0.00	\$0.00	\$0.00	\$928.80	Medicare B Alaska
109-1295-22:1		\$0.00	\$0.00	\$0.00	\$151.70	\$0.00	\$151.70	Private
109-1440-22:1		\$0.00	\$0.00	\$128.98	\$0.00	\$0.00	\$128.98	Private
109-1528-22:1		\$0.00	\$149.02	\$0.00	\$0.00	\$0.00	\$149.02	Private
109-0111-23:1		\$701.20	\$0.00	\$0.00	\$0.00	\$0.00	\$701.20	Medicare B Alaska
109-1219-22:1		\$0.00	\$0.00	\$0.00	\$0.00	\$92.31	\$92.31	Private
109-0991-22:1		\$0.00	\$750.20	\$0.00	\$0.00	\$0.00	\$750.20	Private

Report thru Date: 04/21/23
Date Report Run: 04/21/23

City of Kenai
AGED ACCOUNTS RECEIVABLE

<u>Total AR Due:</u>	\$105,392.32	\$23,162.05	\$37,146.54	\$17,244.98	\$9,425.31	\$192,371.20
	54.8 %	12.0 %	19.3 %	9.0 %	4.9 %	