

# COMPData

HOSPITAL NAME

## INPATIENT ERROR SUMMARY REPORT DISCHARGE PERIOD FROM MM/DD/YYYY TO MM/DD/YYYY

ERROR #	F/W	ERROR MESSAGE	ERROR COUNT	ERROR RATE
3301	F	SSN is a required field	3	100.00%
3502	F	R&B revenue code with no R&B charges	3	100.00%
3601	F	Revenue date of service is missing	3	100.00%
		NUMBER OF RECORDS WITH FATAL ERRORS	3	100.00%
		NUMBER OF RECORDS WITH WARNING ERRORS	0	0.00%
		NUMBER OF RECORDS PASSING ALL EDITS	0	0.00%
		TOTAL RECORDS EDITED	3	
		TOTAL RECORDS WITH PROCEDURE CODES	3	
		TOTAL RECORDS WITH ILLINOIS ZIP CODE	0	

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## INPATIENT ERROR DETAIL REPORT DISCHARGE PERIOD FROM MM/DD/YYYY TO DD/DD/YYYY

**PATIENT #:** 11111 **BIRTH DATE:** MM-DD-YYYY **DISCHARGE DATE:** MM-DD-YYYY **ATTENDING PHYSICIAN:** 1111111111  
**MED REC:** **BILL TYPE:** 111 **ADMIT DATE:** MM-DD-YYYY

Error No.	F/W	Field Value	Error Message	Corrected Value
3301	F		SSN is a required field	_____
3502	F		R&B revenue code with no R&B charges	_____
3601	F		Revenue date of service is missing	_____
3705	I	120	Verify revenue code	_____

**PATIENT #:** 22222 **BIRTH DATE:** MM-DD-YYYY **DISCHARGE DATE:** MM-DD-YYYY **ATTENDING PHYSICIAN:** 2222222222  
**MED REC:** **BILL TYPE:** 111 **ADMIT DATE:** MM-DD-YYYY

Error No.	F/W	Field Value	Error Message	Corrected Value
3301	F		SSN is a required field	_____
3502	F		R&B revenue code with no R&B charges	_____
3601	F		Revenue date of service is missing	_____
3705	I	120	Verify revenue code	_____

**PATIENT #:** 33333 **BIRTH DATE:** MM-DD-YYYY **DISCHARGE DATE:** MM-DD-YYYY **ATTENDING PHYSICIAN:** 3333333333  
**MED REC:** **BILL TYPE:** 111 **ADMIT DATE:** MM-DD-YYYY

Error No.	F/W	Field Value	Error Message	Corrected Value
3301	F		SSN is a required field	_____
3502	F		R&B revenue code with no R&B charges	_____
3601	F		Revenue date of service is missing	_____
3705	I	120	Verify revenue code	_____

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## OUTPATIENT ERROR SUMMARY REPORT DISCHARGE PERIOD FROM MM/DD/YYYY TO MM/DD/YYYY

ERROR #	F/W	ERROR MESSAGE	ERROR COUNT	ERROR RATE
2504	F	Individual revenue charges do not add up to total charges	1	50.00%
3301	F	SSN is a required field	2	100.00%
7002	F	Ecode requires accident state	1	50.00%
		NUMBER OF RECORDS WITH FATAL ERRORS	2	100.00%
		NUMBER OF RECORDS WITH WARNING ERRORS	0	0.00%
		NUMBER OF RECORDS PASSING ALL EDITS	0	0.00%
		TOTAL RECORDS EDITED	2	
		TOTAL RECORDS WITH PROCEDURE CODES	0	
		TOTAL RECORDS WITH ILLINOIS ZIP CODE	0	

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## OUTPATIENT ERROR DETAIL REPORT DISCHARGE PERIOD FROM MM/DD/YYYY TO MM/DD/YYYY

<b>PATIENT #:</b>		<b>BIRTH DATE:</b> MM-DD-YYYY	<b>DISCHARGE DATE</b> MM-DD-YYYY	<b>ATTENDING PHYSICIAN:</b> 3333333333
<b>MED REC:</b>		<b>BILL TYPE:</b> 131	<b>ADMIT DATE:</b> MM-DD-YYYY	
<b>Error No.F/W</b>	<b>Field Value</b>	<b>Error Message</b>		<b>Corrected Value</b>
3301	F	SSN is a required field		_____
4902	I E8120	Verify Ecode		_____
7002	F	Ecode requires accident state		_____
<b>PATIENT #:</b>	66666	<b>BIRTH DATE:</b> MM-DD-YYYY	<b>DISCHARGE DATE</b> MM-DD-YYYY	<b>ATTENDING PHYSICIAN:</b> 1111111111
<b>MED REC:</b>		<b>BILL TYPE:</b> 131	<b>ADMIT DATE:</b> MM-DD-YYYY	
<b>Error No.F/W</b>	<b>Field Value</b>	<b>Error Message</b>		<b>Corrected Value</b>
2504	F \$6092.39	Individual revenue charges do not add up to total charges		_____
3301	F	SSN is a required field		_____

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OUTPATIENT ERROR DETAIL REPORT

DISCHARGE PERIOD FROM MM/DD/YYYY TO MM/DD/YYYY

**Remainder of report suppressed due to number of errors!**