CALIFORNIA MEDICAL BILLING

Let CMB Focus on Staffing, Billing & Practice Revenues!

COMPARATIVE COST ANALYSIS WORKSHEET

IN-HOUSE BILLING Medium Sized Group Practice	IN-HOUSE BILLING COSTS 6.5 Full Time Employees	CALIFORNIA MEDICAL BILLING
Average Pay for Six (6) FTE- Employee Salary \$19 per hour x 40 hours per week= \$39,528/yr \$3,294.00 = one-month gross pay \$22 per hour x 40 hours per week = \$45,762/yr \$3,813.50= one-month gross pay \$24 per hour x 40 hours per week = \$49,920/yr \$4,160.00 = one-month gross pay \$25 per hour x 40 hours per week = \$51,996/yr \$4,333.00 = one-month gross pay \$25 per hour x 40 hours per week = \$51,996/yr \$4,333.00 = one-month gross pay \$30 per hour x 40 hours per week = \$62,400/yr \$5,200 = one-month gross pay (Billing Manager)	\$26,780.50 NOT INCLUDING BONUSES OR PAY INCREASES	7.5% Based on \$450,000 Monthly Net Receivables \$33,750 per month
Medical/Dental/Vision/Life Benefits Average medical plan \$375.00 (26-36 yrs. of age) Average dental plan \$70.00 (CA Mandatory 50% Employer's portion of dues) Full Time Employee (30 -40 hrs. per week)	\$1,446.25	INCLUDED
Sick Leave Based on CA minimum requirement of 40 hrs. or 5 days per year	✓ Paid Sick✓ Delayed Revenues✓ Provide Coverage	INCLUDED
<u>Vacation Leave</u> Average leave 1-4 weeks paid vacation per year	✓ Paid Vacation✓ Delayed Revenues✓ Provide Coverage	INCLUDED
Retirement Plan 401K Safe Harbor Based on 3% Employer Matching Contribution per month	\$803.40	INCLUDED
Workers Compensation Based on \$1.00 per \$100.00 on payroll California policy minimum \$500.00	\$267.80	INCLUDED
Payroll Taxes (Estimated) 14.5% gross wages 10% Employer Tax Due Social Security, Medicare, State Unemployment	\$2,678.05	INCLUDED
EMR/EHR Software Average cost for monthly EMR/EHR \$300.00 per provider per month	\$	\$135.00 (OPTIONAL) (per provider)
Clearinghouse Fees @ \$ per claim Based on 80% of the total monthly claims (est. 6,500 claims)	<u>\$</u>	INCLUDED
Paper Claims (Cost of Supplies & Postage) @ \$0.78 per claim Estimate per month	<u>\$</u>	INCLUDED
Patient Statements (Cost of Supplies & Postage) @ \$0.78 per statement Estimate per month	\$	\$
TOTAL BASE COST PER MONTH *ADDITIONAL 10-15% FOR OVERHEAD EXPENSES*	\$35,173.60 - \$36,772.40 (\$3,200 -\$4,800 per month)	\$33,750.00