



CASE# - XXXXXX DATE XX/XX/XXXX

MEMBER	MEMBERSHIP ID#	NEEDS ASSESSMENT SUMMARY
XXXXXX	XXXXXX	<ul style="list-style-type: none"> • Back surgery • Spinal Stenosis L3-4, L4-5 • Failed conservative treatment • Lumbar fusion with implants or Spinal Decompression • \$10,000 Deductible (20% Co-insurance) • Individual Plan / HSA

TRACKING CODE	SERVICE LINES	ESTIMATED POYNTS	ENDPOYNTS
1.00	Members Needs Assessment	2	2
8.00	SDM (Shared-Decision Making) Preparation	4	4
16.00	Health Insurance Consultation & Benefit Review (Cost)	2	2
21.00	Medical Service Cost Comparisons & Negotiations (PricePoynt Report)	4	4

SUMMARY

Member decided to have Spinal Decompression. PoyntPerson(PP) provided a detailed PricePoynt Report (Cost Analysis) of procedure. Member chose surgeon and PP contacted surgeon and filled out RFI (Request for Information Form). PP contacted surgeon's facility - facility [A] in network and facility [B] out of network. Cost estimate of procedure at facility [A] = \$35,000 at facility [B] = \$50,000. Member decided to self-pay (waive insurance) and used HSA. PP negotiated with facility [B] for \$8,000 for entire procedure. Insurance claim would have cost an estimated \$18,000, self-pay saved the member \$10,000.

TOTAL POYNT DEDUCTION	12
COMPLETION DATE	XXXXXX