



**CASE# - XXXXXX** **DATE XX/XX/XXXX**

MEMBER	MEMBERSHIP ID#	NEEDS ASSESSMENT SUMMARY
XXXXXX	XXXXXX	<ul style="list-style-type: none"> <li>• 40yo female/mother</li> <li>• Very active (marathon runner)</li> <li>• Diagnosed with a possible “sports induced” ulcer</li> <li>• Physician requested a Barium Swallow Test-CT with contrast</li> <li>• Family plan (employer provided)</li> <li>• Deductible = \$6,500 (70/30 coinsurance)</li> </ul>

TRACKING CODE	SERVICE LINES	ESTIMATED POYNTS	ENDPOYNTS
1.00	Members Needs Assessment	2	2
21.00	Medical Service Cost Comparisons & Negotiations (PricePoynt Report)	2	2

**SUMMARY**

PoyntPerson(PP) confirmed with member that she wanted to have the test. Member had not used any of her deductible. Member has used HEALTHPOYNT before. Member requested PP to find the lowest cost and was willing to travel. PP contacted 3 locations and with the lowest cost being \$3,500.00 for facility and physician. PP contacted the facility and within 3 hours agreed to a self-pay cost of \$300.00 and was scheduled for that day. Member saved \$3,200. Member did not have an ulcer.

<b>TOTAL POYNT DEDUCTION</b>	4
<b>COMPLETION DATE</b>	XXXXXX