

EXCEL MB Reporting Form for Virginia

Annual Report of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers Pursuant to Section 38.2-3419.1 of the Code of Virginia

Cover Sheet

NAIC #: [redacted] Group NAIC #: [redacted] Reporting Year: [redacted]

Company Name: [redacted]

Group Name: [redacted]

Mailing Address: [redacted]

Contact: [redacted]

Title: [redacted]

Direct Phone #: [redacted]

Total Insured Lives Reported to the NAIC [redacted]

Claim Basis (Paid or Incurred) [redacted]

**EXCEL MB Reporting Form for Virginia  
Individual Values**

<b>Total Insured Lives Reported to the NAIC</b>	-
<b>BASIS USED TO COLLECT CLAIM DATA IN THIS REPORT</b>	
<b>INDIVIDUAL TOTAL CLAIMS PAID OR INCURRED</b>	\$ -

	<b>a</b>	<b>b</b>	<b>c</b>	<b>d</b>	<b>e</b>	<b>f</b>	<b>g</b>
	<b>Number</b>	<b>Number</b>	<b>Total</b>	<b>Number of</b>	<b>Claim Cost</b>	<b>Annual</b>	<b>Percent of</b>
<b>INDIVIDUAL CLAIMS PAID OR INCURRED</b>	<b>of</b>	<b>of</b>	<b>Claims</b>	<b>Contracts/</b>	<b>Per Contract/</b>	<b>Administrative</b>	<b>Total Health</b>
<b>Description</b>	<b>Visits</b>	<b>Days</b>	<b>Payments</b>	<b>Certificates</b>	<b>Certificate</b>	<b>Cost</b>	<b>Claims</b>
Dependent Children (Handicaped)	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Doctor to Include Dentist	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Newborn Children	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Child Health Supervision Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Childhood Immunizations	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Infant Hearing Screening and Related Diagnostics	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mental Health Services - Inpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mental Health Services - Partial Hospitalization	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mental Health Services - Outpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Substance Abuse - Inpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Substance Abuse - Partial Hospitalization	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Substance Abuse - Outpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Postpartum Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Pregnancy from Rape/Incest	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mammograms	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Pap Smears	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Bones and Joints	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Hemophilia and Congenital Bleeding Disorders	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Reconstructive Breast Surgery	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Early Intervention Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
PSA Testing	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Colorectal Cancer Screening	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Clinical Trials for Treatment Studies on Cancer	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Minimal Hospital Stay for Hysterectomy	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Diabetes	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Hospice Care	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Hospitalization and Anesthesia for Dental Procedures	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Lymphedema	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Prosthetic Devices and Components	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Telemedicine Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!

**EXCEL MB Reporting Form for Virginia  
Group Values**

Total Insured Lives Reported to the NAIG							
							-
THE BASIS USED TO COLLECT CLAIM DATA IN THIS							
GROUP TOTAL CLAIMS PAID OR INCURRED							
							\$ -
GROUP TOTAL CLAIMS PAID OR INCURRED							
Description							
	a	b	c	d	e	f	g
	Number	Number	Total	Number of	Claim Cost	Annual	Percent of
	of	of	Claims	Contracts/	Per Contract/	Administrative	Total Health
	Visits	Days	Payments	Certificates	Certificate	Cost	Claims
Dependent Children (Handicaped)	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Doctor to Include Dentist	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Newborn Children	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Child Health Supervision Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Childhood Immunizations	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Infant Hearing Screening and Related Diagnostics	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mental Health Services - Inpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mental Health Services - Partial Hospitalization	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mental Health Services - Outpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Substance Abuse - Inpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Substance Abuse - Partial Hospitalization	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Substance Abuse - Outpatient	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Biologically Based Mental Illness	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Obstetrical Services - Normal Pregnancy	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Obstetrical Services - All Other	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Postpartum Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Pregnancy from Rape/Incest	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Mammograms	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Pap Smears	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Bones and Joints	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Hemophilia and Congenital Bleeding Disorders	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Reconstructive Breast Surgery	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Early Intervention Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
PSA Testing	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Colorectal Cancer Screening	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Clinical Trials for Treatment Studies on Cancer	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Minimal Hospital Stay for Hysterectomy	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Diabetes	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Hospice Care	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Hospitalization and Anesthesia for Dental Procedures	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Treatment of Morbid Obesity	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Lymphedema	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Prosthetic Devices and Components	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Telemedicine Services	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!
Autism Spectrum Disorder	-	-	\$ -	-	#DIV/0!	\$ -	#DIV/0!

**EXCEL MB Reporting Form for Virginia**

**Individual Values**

INDIVIDUAL	a	b	c	d	e	f	g
	Number	Total	Cost	Number of	Claim Cost	Annual	Percent of
	Visits	Payments	Per Visit	Certificates	Per Contract/ Certificate	Administrative Cost	Claims
Chiropractor	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Optometrist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Optician	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Psychologist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Clinical Social Worker	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Podiatrist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Professional Counselor	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Physical Therapist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Clinical Nurse Specialist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Audiologist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Speeth Pathologist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Certified Nurse Midwife	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Licensed Acupuncturist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Marriage and Family Therapist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	

**EXCEL MB Reporting Form for Virginia**

**Group Values**

	a	b	c	d	e	f	g
INDIVIDUAL	Number	Total	Cost	Number of	Claim Cost	Annual	Percent of
		Claims	Per		Per Contract/	Administrative	
	Visits	Payments	Visit	Certificates	Certificate	Cost	Claims
Chiropractor	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Optometrist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Optician	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Psychologist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Clinical Social Worker	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Podiatrist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Professional Counselor	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Physical Therapist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Clinical Nurse Specialist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Audiologist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Speeth Pathologist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Certified Nurse Midwife	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Licensed Acupuncturist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	
Marriage and Family Therapist	-	\$ -	#DIV/0!		#DIV/0!	\$ -	

EXCEL MB Reporting Form for Virginia					
Standard Policy:	Individual Policy		Group Certificates		
	Single	Family	Single	Family	
Deductible					
Co-Insurance Percentage Paid by Insurer					
Annual Premium	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Premium Attributable to Each Mandate:</b>					
Dependent Children (Handicap)	Not Applicable to Single Policy	\$ -	Not Applicable to Single Policy	\$ -	\$ -
Doctor to Include Dentist	\$ -	\$ -	\$ -	\$ -	\$ -
Newborn Children	Not Applicable to Single Policy	\$ -	Not Applicable to Single Policy	\$ -	\$ -
Child Health Supervision Services	\$ -	\$ -	\$ -	\$ -	\$ -
Childhood Immunizations	\$ -	\$ -	\$ -	\$ -	\$ -
Infant Hearing Screening and Related Diagnostics	\$ -	\$ -	\$ -	\$ -	\$ -
Mental Health Services - Inpatient	\$ -	\$ -	\$ -	\$ -	\$ -
Mental Health Services - Partial Hospitalization	\$ -	\$ -	\$ -	\$ -	\$ -
Mental Health Services - Outpatient	\$ -	\$ -	\$ -	\$ -	\$ -
Substance Abuse - Inpatient	\$ -	\$ -	\$ -	\$ -	\$ -
Substance Abuse - Partial Hospitalization	\$ -	\$ -	\$ -	\$ -	\$ -
Substance Abuse - Outpatient	\$ -	\$ -	\$ -	\$ -	\$ -
Biologically Based Mental Illness			\$ -	\$ -	\$ -
Obstetrical Services - Normal Pregnancy			\$ -	\$ -	\$ -
Obstetrical Services - Other	Not Applicable to Individual Policy		\$ -	\$ -	\$ -
Postpartum Services	\$ -	\$ -	\$ -	\$ -	\$ -
Pregnancy from Rape or Incest	\$ -	\$ -	\$ -	\$ -	\$ -
Mammograms	\$ -	\$ -	\$ -	\$ -	\$ -
Pap Smears	\$ -	\$ -	\$ -	\$ -	\$ -
Bones and Joints	\$ -	\$ -	\$ -	\$ -	\$ -
Hemophilia and Congenital Bleeding Disorders	\$ -	\$ -	\$ -	\$ -	\$ -
Reconstructive Breast Surgery	\$ -	\$ -	\$ -	\$ -	\$ -
Early Intervention Services	\$ -	\$ -	\$ -	\$ -	\$ -
PSA Testing	\$ -	\$ -	\$ -	\$ -	\$ -
Colorectal Cancer Screening	\$ -	\$ -	\$ -	\$ -	\$ -
Clinical Trials for Treatment Studies on Cancer	\$ -	\$ -	\$ -	\$ -	\$ -
Minimum Hospital Stay for Hysterectomy	\$ -	\$ -	\$ -	\$ -	\$ -
Diabetes	\$ -	\$ -	\$ -	\$ -	\$ -
Hospice Care	\$ -	\$ -	\$ -	\$ -	\$ -
Hospitalization and Anesthesia for Dental Procedures	\$ -	\$ -	\$ -	\$ -	\$ -
Treatment of Morbid Obesity	Not Applicable to Individual Policy		\$ -	\$ -	\$ -
Lymphedema	\$ -	\$ -	\$ -	\$ -	\$ -
Prosthetic Devices and Components	\$ -	\$ -	\$ -	\$ -	\$ -
Telemedicine Services	\$ -	\$ -	\$ -	\$ -	\$ -
Autism Spectrum Disorder	Not Applicable to Individual Policy		\$ -	\$ -	\$ -
Chiropractor	\$ -	\$ -	\$ -	\$ -	\$ -
Optometrist	\$ -	\$ -	\$ -	\$ -	\$ -
Optician	\$ -	\$ -	\$ -	\$ -	\$ -
Psychologist	\$ -	\$ -	\$ -	\$ -	\$ -
Clinical Social Worker	\$ -	\$ -	\$ -	\$ -	\$ -
Podiatrist	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Counselor	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapist	\$ -	\$ -	\$ -	\$ -	\$ -
Clinical Nurse Specialist	\$ -	\$ -	\$ -	\$ -	\$ -
Audiologist	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathologist	\$ -	\$ -	\$ -	\$ -	\$ -
Certified Nurse Midwife	\$ -	\$ -	\$ -	\$ -	\$ -
Licensed Acupuncturist	\$ -	\$ -	\$ -	\$ -	\$ -
Marriage and Family Therapist	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Number of Contracts/Certificates:</b>					
Issued or Renewed	-	-	-	-	-
In Force	-	-	-	-	-
<b>Annual Premium for Individual Standard Policy</b>					
<b>(30 year old male in Richmond):</b>					
Without Mandates	\$ -				
With Mandates	\$ -				

EXCEL MB Reporting Form for Virginia

Procedure Code/Provider Type	Number of Visits	Claims Payment	Cost Per Visit
<b>1. 99203 - Office Visit, Intermediate Service to New Patient</b>			
CHIROPRACTOR	-	\$ -	#DIV/0!
CLINICAL SOCIAL WORKER	-	\$ -	#DIV/0!
PHYSICAL THERAPIST	-	\$ -	#DIV/0!
PODIATRIST	-	\$ -	#DIV/0!
PROFESSIONAL COUNSELOR	-	\$ -	#DIV/0!
PSYCHIATRIST	-	\$ -	#DIV/0!
PSYCHOLOGIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
CERTIFIED NURSE MIDWIFE	-	\$ -	#DIV/0!
MARRIAGE AND FAMILY THERAPIST	-	\$ -	#DIV/0!
<b>2. 90834, 90836- Individual/Medical Psychotherapy, 45 to 50 Minute Session</b>			
CLINICAL NURSE SPECIALIST	-	\$ -	#DIV/0!
CLINICAL SOCIAL WORKER	-	\$ -	#DIV/0!
PROFESSIONAL COUNSELOR	-	\$ -	#DIV/0!
PSYCHIATRIST	-	\$ -	#DIV/0!
PSYCHOLOGIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
MARRIAGE AND FAMILY THERAPIST	-	\$ -	#DIV/0!
<b>3. 90853 - Group Psychotherapy</b>			
CLINICAL NURSE SPECIALIST	-	\$ -	#DIV/0!
CLINICAL SOCIAL WORKER	-	\$ -	#DIV/0!
PROFESSIONAL COUNSELOR	-	\$ -	#DIV/0!
PSYCHIATRIST	-	\$ -	#DIV/0!
PSYCHOLOGIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
MARRIAGE AND FAMILY THERAPIST	-	\$ -	#DIV/0!
<b>4. 92507 - Speech, Language or Hearing Therapy; Individual</b>			
AUDIOLOGIST	-	\$ -	#DIV/0!
PHYSICAL THERAPIST	-	\$ -	#DIV/0!
SPEECH PATHOLOGIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
<b>5. 97110 - Physical Medicine Treatment, each 15 minutes, Therapeutic Exercise</b>			
CHIROPRACTOR	-	\$ -	#DIV/0!
PHYSICAL THERAPIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
PODIATRIST	-	\$ -	#DIV/0!
SPEECH PATHOLOGIST	-	\$ -	#DIV/0!
<b>6. 97124 - Physical Medicine Treatment, Massage</b>			
CHIROPRACTOR	-	\$ -	#DIV/0!
PHYSICAL THERAPIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
PODIATRIST	-	\$ -	#DIV/0!
<b>7. 97035 - Physical Medicine Treatment, Ultrasound, each 15 minutes</b>			
CHIROPRACTOR	-	\$ -	#DIV/0!
PHYSICAL THERAPIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
PODIATRIST	-	\$ -	#DIV/0!
<b>8. 92352 - Fitting of Spectacle Prosthesis for Aphakia, monofocal</b>			
OPHTHALMOLOGIST	-	\$ -	#DIV/0!
OPTICIAN	-	\$ -	#DIV/0!
OPTOMETRIST	-	\$ -	#DIV/0!
PHYSICIAN	-	\$ -	#DIV/0!
<b>9. 11750 - Excision of Nail and Nail Matrix, Partial or Complete, for Permanent Removal</b>			
PHYSICIAN	-	\$ -	#DIV/0!
PODIATRIST	-	\$ -	#DIV/0!