

ABC Benefits Administrators, Inc.

All Claims Paid From 01/01/06 to 06/06/07

for Client PH011051 Compared to All Clients

| EXB | Type | Nbr of Cl ai ms | Amount Pai d | Total Cl ai ms | Total Pai d | Pct of Total | Avg Nbr Cl ai ms | Avg Amt Pai d |
|------|-----------------------------|--------------------|-----------------|-------------------|----------------|-----------------|---------------------|------------------|
| 0111 | BITEWING XRAY | 0 | 0.00 | 127 | 4,573.79 | 0% | 0.00 | 0.00 |
| 0104 | ER PALLIATIVE TREATMENT | 0 | 0.00 | 3 | 181.00 | 0% | 0.00 | 0.00 |
| ERPT | ER PALLIATIVE TREATMENT | 0 | 0.00 | 1 | 40.00 | 0% | 0.00 | 0.00 |
| 0101 | FLUORIDE | 0 | 0.00 | 32 | 902.42 | 0% | 0.00 | 0.00 |
| 0110 | FULL MOUTH XRAY | 0 | 0.00 | 38 | 3,471.79 | 0% | 0.00 | 0.00 |
| 0100 | ORAL EXAM | 0 | 0.00 | 309 | 11,147.15 | 0% | 0.00 | 0.00 |
| EXAM | ORAL EXAM | 0 | 0.00 | 88 | 1,592.31 | 0% | 0.00 | 0.00 |
| PRPH | PROPHYLASIS | 0 | 0.00 | 25 | 1,022.80 | 0% | 0.00 | 0.00 |
| 0105 | PROPHYLAXIS | 0 | 0.00 | 262 | 16,699.90 | 0% | 0.00 | 0.00 |
| 0102 | SEALANT | 0 | 0.00 | 4 | 148.68 | 0% | 0.00 | 0.00 |
| SEAL | SEALNT APPLI CATION | 0 | 0.00 | 10 | 590.50 | 0% | 0.00 | 0.00 |
| 0112 | SINGLE FILM XRAY | 0 | 0.00 | 95 | 1,929.34 | 0% | 0.00 | 0.00 |
| FLUO | TOPI CAL FLUORI DE APPLI CO | 0 | 0.00 | 16 | 495.67 | 0% | 0.00 | 0.00 |
| XRBT | XRAY BITEWING | 0 | 0.00 | 28 | 944.20 | 0% | 0.00 | 0.00 |
| XRAY | XRAY SERVICES | 0 | 0.00 | 41 | 1,462.84 | 0% | 0.00 | 0.00 |
| XRSI | XRAY SINGLE FILM | 0 | 0.00 | 12 | 416.00 | 0% | 0.00 | 0.00 |
| | Total | 0 | 0.00 | 1,091 | 45,618.39 | 0% | | |
| 0200 | AMALGAMS | 0 | 0.00 | 129 | 17,731.31 | 0% | 0.00 | 0.00 |
| AMAL | AMALGAMS AND RESTORATI ONS | 0 | 0.00 | 32 | 4,160.53 | 0% | 0.00 | 0.00 |
| ENDO | ENDODNTIC PROCEDURES 1 | 0 | 0.00 | 2 | 557.60 | 0% | 0.00 | 0.00 |
| 0300 | ENDODONTI C SERVICES | 0 | 0.00 | 26 | 10,981.27 | 0% | 0.00 | 0.00 |
| 0205 | PERI / FULL MTH | 0 | 0.00 | 5 | 326.86 | 0% | 0.00 | 0.00 |
| 0206 | PERI / QUAD | 0 | 0.00 | 19 | 4,036.73 | 0% | 0.00 | 0.00 |
| 0201 | PERI ODONTI C SERVICES | 0 | 0.00 | 44 | 5,467.03 | 0% | 0.00 | 0.00 |
| PERI | PERI ODONTI C SERVICES | 0 | 0.00 | 19 | 3,018.40 | 0% | 0.00 | 0.00 |
| | Total | 0 | 0.00 | 276 | 46,279.73 | 0% | | |
| 0508 | ANESTHESIA | 0 | 0.00 | 6 | 247.00 | 0% | 0.00 | 0.00 |
| 0503 | CROWNS | 0 | 0.00 | 37 | 12,879.30 | 0% | 0.00 | 0.00 |
| CROW | CROWNS AND POSTS | 0 | 0.00 | 8 | 2,662.50 | 0% | 0.00 | 0.00 |
| 0511 | DENTURES | 0 | 0.00 | 1 | 0.00 | 0% | 0.00 | 0.00 |
| 0507 | OCCLUSAL GUARDS | 0 | 0.00 | 2 | 82.50 | 0% | 0.00 | 0.00 |
| ORSG | ORAL SURGERY | 0 | 0.00 | 9 | 1,443.50 | 0% | 0.00 | 0.00 |
| 0500 | ORAL SURGERY EXAM | 0 | 0.00 | 19 | 1,321.37 | 0% | 0.00 | 0.00 |
| ORTH | ORTHODONTI C SERVI CES | 0 | 0.00 | 7 | 1,000.00 | 0% | 0.00 | 0.00 |
| 0505 | PROSTODONTI CS | 0 | 0.00 | 1 | 515.00 | 0% | 0.00 | 0.00 |
| | Total | 0 | 0.00 | 90 | 20,151.17 | 0% | | |

ABC Benefits Administrators, Inc.

All Claims Paid From 01/01/06 to 06/06/07

for Client PH011051 Compared to All Clients

| EXB | Type | Nbr of Cl ai ms | Amount Pai d | Total Cl ai ms | Total Pai d | Pct of Total | Avg Nbr Cl ai ms | Avg Amt Pai d |
|------|------------------------|--------------------|-----------------|-------------------|----------------|-----------------|---------------------|------------------|
| OFFI | INDEMNITY OFFICE VISIT | 10 | 488.08 | 30 | 1,488.08 | 33% | 0.15 | 7.18 |
| OFFV | OFFICE VISIT | 25 | 1,228.50 | 548 | 26,164.00 | 5% | 0.37 | 18.07 |
| | Total | 35 | 1,716.58 | 578 | 27,652.08 | 6% | | |
| | Grand Total | 35 | 1,716.58 | 2,035 | 139,701.37 | 1% | | |
| | Refunds | | 0.00 | | 0.00 | | | |
| | Fi nal Total | | 1,716.58 | | 139,701.37 | | | |