**Payor Summary:**

Provides the percentage distribution of bills across all payors recorded during the selected date range. Bills with no value in the payor field will be grouped into the "Unknown" category (the value must be blank to be included in this "Unknown" category - text manually entered, such as "unknown", "none", "N/A", etc. will not automatically be included in this "Unknown" grouping). All bills from the selected date range are included, regardless of type, and only primary payor is considered in the calculation.

Average Length of stay excludes Consult codes but does include Observation codes. It is computed by dividing the total count of non-consult patient days by the number of non-consult patients discharged during the reporting window. To be included in the calculation, patients must have a value in the Date of Admission and Date of Discharge fields, and the discharge date must be later than the admission date (i.e., Same Day Discharge patients are not included).

EXAMPLE: 478 total days / 117 patient occurrences = 4.1 Average Length of Stay