CA FL ILNY PA  $\mathsf{TX}$ 4.50 -4.25 -194 4.00 -

Covered Charges vs. Total Payments by Provider State and Medical Condition

3.75 -3.50 -4.50 -4.25 -4.00 -3.75 -3.50 -4.50 -4.25 -Lotal Bayments 4.00 - 3.75 - 4.50 - 4.25 - 4.00 -4.00 -3.75 **-**3.50 -4.50 -4.25 -690 4.00 -

3.75 -3.50 -4.50 -4.25 -4.00 -3.75 -3.50 -3.5 4.0 4.5 5.0 3.5 4.0 4.5 5.0 3.5 4.0 4.5 5.0 **Covered Charges**