Explanation of Payment & Advice Page – Claim Overpayment, Refund & Adjustment

000008-005-000008 DATE: September 1, 2005 PAGE 1

CCHP
P.O. Box 56099
Madison, WI 53705-9399
Customer Service Department
800-482-8010

Explanation of Payments
Provider

(1) FIRST MEDICAL CLINIC
801 MAIN STREET
MADISON, WI 53717

(2) CHECK NUMBER 00000000
(3) VENDOR NUMBER Z55

(4)

PROVIDER NUMBER/NAME: 12345-CAMPBELL, VIVIAN A.

SERVICE DATE	SERVICE CODE	CHARGED AMOUNT	ALLOWED AMOUNT	DEDUCT-IBLE	COPAY-MENT	COINSUR-ANCE	(5) OTHER ADJUSTMENTS COB	NONCOV	WITHHOLD	REMARKS	PAID
PATIENT: RACHEL HUNTER MEMBER #: 39370838401		(6) SUBSCRIBER: RACHEL HUNTER SUBSCRIBER #: 39370838401					SUBSCRIBER ADDRESS: 709 PIKE LANE, STOU GHTON, WI 53589 GROUP #: 74671				
ACCOUNT NUMBER: 68490B							CLAIM NUMBER: 135029880431				
070505	99214	50.00-	(7) 50.00-	0.00	0.00	0.00	0.00	0.00	2.50-	(63C 76)	47.50-
070505	99214	50.00	50.00	0.00	0.00	0.00	0.00	50.00	0.00	(28A FF)	0.00
CLAIM TOTALS:		0.00	0.00	0.00	0.00	0.00	0.00	50.00	2.50-		47.50-
PROVIDER TOTALS:		0.00	0.00	0.00	0.00	0.00	0.00	50.00	2.50-		47.50-
VENDOR TOTALS:		0.00	0.00	0.00	0.00	0.00	0.00	50.00	2.50-		47.50-

REMARKS
63C 76 CORRECTION TO A PRIOR CLAIM (8)
28A FF COVERAGE WAS NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED

(9)

BALANCE FORWARD	.00
LINE ITEMS PAID	47.50-
LINE ITEMS REVERSED	.00
ADJUSTMENTS (-)	.00
ADJUSTMENTS (+)	.00
NET TOTAL	47.50-

(10) **DEAN HEALTH PLAN ADVICE REPORT FOR VENDOR NUMBER Z55**

Voucher#	Reference#	TranDat	Gross	TranBal	Deductions	Net
9801999	135029880431	113098	47.50	47.50	.00	47.50
VENDOR TOTALS:			47.50	47.50	.00	47.50

Key:
1. Vendor name and mailing address
2. Check number
3. Vendor number
4. Provider number and name
5. Headerline
6. Patient information
7. Claim information
8. Remark codes
9. Explanation of Payment summary
10. Advice report showing adjustments (refund checks, etc.)