

Explanation of Payment–Claim Reversal/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	DEDUCTIBLE	COPAYMENT	COINSURANCE	⑤ COB	OTHER ADJUSTMENTS NONCOV WITHHOLD	REMARKS	PAID
--------------	--------------	----------------	----------------	------------	-----------	-------------	-------	--------------------------------------	---------	------

PATIENT: RACHEL HUNTER MEMBER #: 39370838401	⑥	SUBSCRIBER: RACHEL HUNTER SUBSCRIBER #: 39370838401	SUBSCRIBER ADDRESS: 709 PIKE LANE, STOUTON, 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	50.00-	0.00	(63C 76)	0.00
070505	99214	50.00	50.00	0.00	0.00	0.00	0.00	0.00	2.50	(63C RV)	47.50
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
 63C RV CORRECTION TO A PRIOR CLAIM

BALANCE FORWARD	.00
LINE ITEMS PAID	47.50
LINE ITEMS REVERSED	.00
⑨ ADJUSTMENTS (-)	.00
ADJUSTMENTS (+)	.00
NET TOTAL	47.50

- | | |
|--|---|
| <p>Key: 1. Vendor name and mailing address
 2. Check number
 3. Vendor number
 4. Provider number and name
 5. Headerline</p> | <p>6. Patient information
 7. Claim information
 8. Remark codes
 9. Explanation of Payment summary</p> |
|--|---|

