

Explanation of Payment – Denied Service

000008-005-000008

DATE: September 1, 2005

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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 OTHER ADJUSTMENTS			REMARKS	PAID
							COB	NONCOV	WITHHOLD		

PATIENT: CHRIS K. COOPER MEMBER #: 39688436101	⑥ SUBSCRIBER: CHRIS K. COOPER SUBSCRIBER #: 39688436101	SUBSCRIBER ADDRESS: 584 D'ONOFRIO DR., MADISON, WI 53719 GROUP #: 74571
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ACCOUNT NUMBER: 68489B			CLAIM NUMBER: 135029880330								
070505	99203	50.00	⑦ 50.00	0.00	0.00	0.00	0.00	50.00	0.00	(46A NC)	0.00
070505	81000	14.00	14.00	0.00	0.00	0.00	0.00	14.00	0.00	(46A NC)	0.00
CLAIM TOTALS:		64.00	64.00	0.00	0.00	0.00	0.00	64.00	0.00		0.00
PROVIDER TOTALS:		64.00	64.00	0.00	0.00	0.00	0.00	64.00	0.00		0.00
VENDOR TOTALS:		64.00	64.00	0.00	0.00	0.00	0.00	64.00	0.00		0.00

REMARKS 46A NC THIS SERVICE IS NOT COVERED SERVICE/DIAGNOSIS NOT COVERED ⑧

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

- | | |
|---|--|
| 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 |
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