

Explanation of Payment – Paid 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

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
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PATIENT: JOE DiMAGGIO	⑥	SUBSCRIBER: JOE DiMAGGIO	SUBSCRIBER ADDRESS: 1451 MAPLE GROVE ST. MADISON, WI 53715
MEMBER #: 12345678901		SUBSCRIBER #: 12345678901	GROUP #: 12345

ACCOUNT NUMBER: 645789T

CLAIM NUMBER: 135029880324

070505	99203	76.00	⑦ 72.00	0.00	0.00	0.00	0.00	0.00	3.60	(42C 50)	68.40
070505	81000	15.00	14.00	0.00	0.00	0.00	0.00	0.00	0.70	(42C 50)	13.30
CLAIM TOTALS:		91.00	86.00	0.00	0.00	0.00	0.00	0.00	4.30		81.70
PROVIDER TOTALS:		91.00	86.00	0.00	0.00	0.00	0.00	0.00	4.30		81.70
VENDOR TOTALS:		91.00	86.00	0.00	0.00	0.00	0.00	0.00	4.30		81.70

REMARKS 42C 50 CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT ⑧

⑨	BALANCE FORWARD	.00
	LINE ITEMS PAID	81.70
	LINE ITEMS REVERSED	.00
	ADJUSTMENTS (-)	.00
	ADJUSTMENTS (+)	.00
	NET TOTAL	81.70

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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