



P. O. BOX 30192
SALT LAKE CITY, UT 84130
PO -BOX-1169

EXPLANATION OF PAYMENT

NAME	A DOCTOR		
STATEMENT DATE	06/30/2011	PAGE	1 of 1
T.I.N. NUMBER	123456789		
PROVIDER ID	1070000001		
REFERENCE ID	2011063011111111		
CHECK NUMBER	0	AMOUNT	0.00

PATIENT NAME JONES, TEST A.
SUBSCRIBER NAME JONES, TEST B.
PROVIDER NAME DOCTOR, A

PATIENT ID 800356079-01 PATIENT A/C# **22251156-6**
CLAIM ID 099000124000
PRODUCT Select Care Plus

DATES OF SERVICE	SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT GC	CARC	RARC	ADJUSTMENT GC	CARC	RARC
06/08/11 to 06/08/11	92004	177.00	143.62	108.62	33.38	CO	45	35.00	PR	3
06/08/11 to 06/08/11	6791751RT	1525.00	1198.36	778.69	326.64	CO	45	225.00	PR	96
					194.67	PR	2			
06/08/11 to 06/08/11	922502652RT	100.00	0.00	0.00	100.00	CO	45		N365	
TOTAL:		1802.00	1341.98	887.31	TOTAL CO:	460.02		TOTAL PR:		454.67
INTEREST:				1.28	TOTAL OA:	0.00		TOTAL PI:		0.00

PATIENT NAME THOMAS, TEST A.
SUBSCRIBER NAME THOMAS, TEST B.
PROVIDER NAME DOCTOR, A

PATIENT ID 800319747-01 PATIENT A/C# **124 102995170**
CLAIM ID 090300031602
PRODUCT Select Med Plus

DATES OF SERVICE	SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT GC	CARC	RARC	ADJUSTMENT GC	CARC	RARC
06/10/11 to 06/10/11	96413	276.00-	182.00-	147.75-	94.00-	CO	45	34.25-	PR	96
06/10/11 to 06/10/11	A4216	12.00-	6.00-	4.86-	6.00-	CO	45	1.14-	PR	96
TOTAL:		288.00-	188.00-	152.61-	TOTAL CO:	100.00-		TOTAL PR:		35.39-
INTEREST:				1.93-	TOTAL OA:	0.00		TOTAL PI:		0.00

	FEE CHARGE	ALLOWED AMOUNT	CONTRACTUAL OBLIGATION	PATIENT RESPONSIBILITY	OTHER ADJUSTMENTS	PLAN PAID	INTEREST
PAYMENTS:	1802.00	1341.98	460.02	454.67	0.00	887.31	1.28
RECOVERIES:						886.47-	2.12-
TOTAL:						.84	.84-

RECOVERY AND FORWARD BALANCE DETAIL FOR THIS PAYMENT

PATIENT NAME	DATE OF SERVICE	PATIENT A/C#	CLAIM ID	ORIGINAL REFERENCE ID	RECOVERY AMOUNT	RECOVERED INTEREST	FORWARD BALANCE
RECOVERY, A PREVIOUS	04/10/11	089000131600	099000010000	1234567890123456	28.23	2.12	0.00
RECOVERY, B PREVIOUS	06/10/11	111111111111	090808080000	9876543210000000	858.24	0.00	36.02
THOMAS, TEST A	06/10/11	124 102995170	090300031602	1234567890123560	0.00	0.00	154.54

CLAIM ADJUSTMENT (CARC) AND REMITTANCE ADVICE (RARC) CODE EXPLANATIONS

- 2 Coinsurance Amount
- 3 Copayment Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 96 Non-covered charge(s). At least one Remark Code must be provided.
- N23 Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
- N365 This procedure code is not payable. It is for reporting/information purposes only.
- N383 Services deemed cosmetic are not covered

Group Codes (GC) = CO: Contractual Obligations PR: Patient Responsibility PI: Payor Initiated Reductions OA: Other Adjustments
Forward Balance = Remaining recovery amount where no recovery or only a partial recovery was made for a claim on this remittance advice.