

Incorrect billing examples

From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EP/OT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER							
04	04	2007	04	04	2007	11		99212		1	50.00	1		NPI	00		
2														NPI			
3														NPI			
4														NPI			
5														NPI			
6														NPI			
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
										☒ YES ☐ NO		\$ 45.08				\$ 45.08	

Charges (Box F) do not match with total charge (Box 28)

24. A. DATE(S) OF SERVICE			B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.	
From To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EP/OT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY		MODIFIER	POINTER					
10	24	2007	10	24	2007	12	N	93880		1	207.95	1	NPI
2													
3													
4													
5													
6													

ACCT#:

DATE	UNITS	NAME	PROC/MOD	CHG-AMT	ALLOW	ADJUST	DEDUCT	ICN	CO-INS	PAYMENT	REMARK	CODES	PROVIDER
10/24/07	1		93926	245.00	132.40	112.50	.00	26.48	105.92		CO45	PR2	
10/24/07	1		93971	229.00	137.26	91.74	.00	27.45	109.81		CO45	PR2	
10/24/07	1		93880	341.00	207.95	133.05	.00	41.99	166.36		CO45	PR2	
CLAIM TOTALS:				815.00	477.61	337.39	.00	95.52	392.09				

STATUS CODE: 19
MSG CODES: MA01 MA07
NET PAY

CLAIM INFORMATION FORWARDED TO: MICHIGAN DEPARTMENT OF COMMUNITY

Amount paid was not reported

25. FEDERAL TAX I.D. NUMBER						27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
						☒ YES ☐ NO		\$ 207.95				\$ 41.59	

24. A. DATE(S) OF SERVICE			B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.	
From To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EP/OT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY		MODIFIER	POINTER					
01	11	08	01	11	08	11		99214		1234	96.01	1	NPI
2													
3													
4													
5													
6													

Perf	Prov	Serv	Date	P	Q	Proc	MPY	Billed	Allowed	Deduct	CoIns	ProvPd	RcAmt		
			01112008	11	1	99214		115.00	96.01	96.01	-46.94	46.94	18.99		
Claim Totals: Pat Resp:								49.07		115.00	96.01	96.01	-46.94	46.94	18.99

Entire charges applied to deductible. Therefore no amount pay should be reported.

25. FEDERAL TAX I.D. NUMBER						27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
						☐ YES ☐ NO		\$ 96.01		\$ 46.94		\$ 49.07	