

Billing Provider NPI: 1111111111

Name: Example O. Provider

EIN/TIN: 010101010

Pay Cycle: 39

RA Number: 75057991

RA Date: 09/30/2009

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
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CLAIM SUMMARY

Category	Count
Paid	5
Denied	1
GA	0

← **Total Number of Paid Claims**
← **Total Number of Rejected Claims**
← **Total Number of Gross Adjustments**

Please Note: Suspended Claims and MDCH Proprietary Codes will not be reported on the Remittance Advice

Total Approved	\$78.89	Total Adjusted	\$0.00	Total Paid	\$78.89
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Warrant/ETF #: 000032296

Warrant/EFT Date: 09/30/2009



7508677600000003

Gross Adj ID
Beneficiary Name
Beneficiary ID
Patient Account #
Medical Record #

Original TCN
TCN
Type of Bill

Submitter ID
Rendering
Provider NPI

Invoice Date
Service
Date(s)

Revenue
Procedure
Modifier

PPS
DRG
APC

Qty

Total
Charges

Approved
Amount

Category

Reason

Remark

Column 1 lists in order the Gross Adjustment ID (if applicable), Bene Name, Bene ID, Patient Acc. # (if applicable), and Medical Rec. # (if applicable)

Column 2 lists in order the Original TCN (if void or adjustment was submitted), TCN, and TOB (if applicable)

Column 3 lists in order the Submitter ID (CHAMPS Billing Agent ID, DEG ID, or Provider NPI) and Rendering Provider NPI

Column 4 lists Invoice Date and Service Date(s)

Column 5 lists in order the Revenue code (if applicable), Procedure Code (if applicable), and Modifier (if applicable)

Column 6 lists in order the PPS, DRG, and APC rates (if applicable)

Column 7 lists the Quantity Billed

Column 8 lists the Total Charges billed

Column 9 lists the Amount Approved

Column 10 lists the claim Category (Paid, Denied, or Gross Adjusted)

Column 11 lists the HIPAA Reason Code(s)

Column 12 lists the HIPAA Remark Code(s)

Patient, Name
0022332423
0006269322

310918410003215000

12345678
1111111111

12/09/2008-12/09/2008

310918410003215001

Line 1

12/09/2008-12/09/2008

15340

409

1

\$375.00

\$0.00

Denied

133, 23, 31

N10, N131

310918410003215002

Line 2

12/09/2008-12/09/2008

15341

1

\$60.00

\$0.00

Denied

133, 23, 31

N10, N131

310918410003215003

Line 3

12/09/2008-12/09/2008

J7340

1

\$1,452.00

\$0.00

Denied

133, 23, 31, B5

N10, N131
MA61, N185

Patient, One
0095124282
0005711862

310918410089841000

12345678
1111111111

03/07/2008-03/07/2008

\$80.00

\$18.24

Paid

310918410089841001

03/07/2008-03/07/2008

99213

1

\$80.00

\$18.24

Paid

2, 45

