5010

aiubfiaufjvbnakjvfbnakj abvkld

aovfbanioduvjbnjadklvnaoikdngvadol

aokvjfbadiovjlnadolvknadoiklgva

akoubjviaqukjfbvcnajksvbkad

ajusfvbcauibfciaovndsjdalkvnaldkvnadlkv

skldvnokvlnmsaDKVmdas;v

Check Information

Claim Information: xncmv bm,v

Reason Descriptions

OA23 - The impact of prior payer(s) adjudication including payments and/or adjustments.

CO45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO

depending upon liability).

Remark Descriptions

N219 - Payment based on previous payers allowed amount.

Number: 0iugbhiuohnjoipjm

Check Date: 01/14/2013

Processed: 01/11/2013

Total Check Amount: $1,150.91

Method: CHK - Check has been issued for payment

Handling: Remittance Information Only - payment moved separately

Payee ID: ijbuycvytvcfytukfgyugiuo

Name:

John Doe

Insured: Corrected Last:

Insured ID: jksdnfcvdjlvdls

ICN: doifghnsioggwuefhb

Remarks:

Status: 2 - Processed as Secondary

Claim Received Date: 01/04/2013

Claim Date: 12/03/2012

Rendering

Provider ID #

Service/

Modifiers

Units POS

Code

Dates of

Service

Submitted Paid Allowed Deduct CoIns/

CoPay

Contract

Reduct

Other