



P.O. BOX 981106
 EL PASO, TX 79998-1106
 *018255*MIK2PSUP*055135*

Claim Payment

Please Retain for Future Reference

Printed: 03/29/2013
 Page: 1 of 2

PVN:
 TIN:
 Trace Number:
 Trace Amount: \$332.12
 Questions: 1-800-624-0756
 POS: SPECIALIST

Member Name Invoice #	DOS	Units	Member Number Procedure	MODS	Billed	Member Responsibility	Paid	Message(s)
PAYMENT OF CLAIMS								
3684-271904.0-3	3/25/13	1.00	99214	25	\$155.00	\$5.00	\$102.62	001 002 003
3684-271904.0-3	3/25/13	1.00	95923	59	\$300.00	\$0.00	\$226.87	001 002
3684-271904.0-3	3/25/13	1.00	81003	QW	\$10.00	\$0.00	\$2.63	001 002
3684-271904.0-3	3/25/13	1.00	3075F		\$0.01	\$0.00	\$0.00	004
3684-271904.0-3	3/25/13	1.00	3008F		\$0.00	\$0.00	\$0.00	005
3684-271904.0-3	3/25/13	1.00	G8553		\$0.00	\$0.00	\$0.00	005
3684-271904.0-3	3/25/13	1.00	G8417		\$0.00	\$0.00	\$0.00	005
CLAIM WAS RECVD ON 3/28/13							TOTAL	\$332.12
							TOTAL	\$332.12



Aetna Health Management, LLC
 P.O. BOX 981106
 EL PASO, TX 79998-1106

Trace No: 00354879
 PVN: FC 38865237

62-30-111

NON-NEGOTIABLE NON-NEGOTIABLE

03-29-2013

PAY THREE HUNDRED THIRTY TWO DOLLARS AND 12/100

TO THE ORDER OF

VOID AFTER ONE YEAR
 *****\$332.12

~~VOID VOID VOID VOID~~

Citibank N.A.
 New Castle, DE 19720

766 (10-01)

Payment was made via Electronic Funds Transfer

BLUECROSS BLUESHIELD OF TEXAS
 P O BOX 660044
 DALLAS, TX 752660044

Printed:
 April 15, 2013

Standard Paper Remittance
 (SPR)
 Advice Notice

NPI #:
 ISSUE DATE #: 04/10/13
 PROC DATE #: 04/05/13
 CHECK/EFT #:

PERF PROV	SRV DATE	POS	NOS	PROC MOOS	BILLED	ALLOWED	DEDUCT	COINS/CDPAY	GRP/RC-AMT	PROV PD
PATIENT NAME										
Claim Period: 032913 032913										
752664856	032913 032913		1	99213	105.00	78.11	20.00	0.00	CO-45	58.11
752664856	032913 032913		1	G8420	0.00	0.00	0.00	0.00		0.00
752664856	032913 032913		1	30006	0.00	0.00	0.00	0.00		0.00
752664856	032913 032913		1	G8553	0.00	0.00	0.00	0.00		0.00
PT RESP	20.00			CLAIM TOTALS	105.00	78.11	20.00	0.00		26.89
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 58.11
PATIENT I										
Claim Period: 032713 032713										
752664856	032713 032713		1	99214	155.00	115.82	20.00	0.00	CO-45	95.82
752664856	032713 032713		1	G8420	0.00	0.00	0.00	0.00		0.00
752664856	032713 032713		1	G8553	0.00	0.00	0.00	0.00		0.00
PT RESP	10.00			CLAIM TOTALS	155.00	115.82	20.00	0.00		39.18
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 95.82
Claim Period: 032613 032613										
752664856	032613 032613		1	99214	155.00	115.82	25.00	0.00	CO-45	90.82
752664856	032613 032613		1	36415	10.00	3.00	0.00	0.00	CO-45	3.00
752664856	032613 032613		1	81003 QW	10.00	2.05	0.00	0.00	CO-45	2.05
752664856	032613 032613		1	G8417	0.00	0.00	0.00	0.00		0.00
752664856	032613 032613		1	3008F	0.00	0.00	0.00	0.00		0.00
752664856	032613 032613		1	G8553	0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS	175.00	120.87	25.00	0.00		54.13
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 95.87
Claim Period: 032813 032813										
752664856	032813 032813		1	99214 25	155.00	115.82	25.00	0.00	CO-45	90.82
752664856	032813 032813		1	95923 59	300.00	184.16	0.00	0.00	CO-45	184.16
752664856	032813 032813		1	93922 59	185.00	140.50	0.00	0.00	CO-45	140.50
752664856	032813 032813		1	G8553	0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS	640.00	440.48	25.00	0.00		199.52
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 415.48
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS/CDPAY AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK	
	4	1075.00	755.28	90.00	0.00	319.72	665.28	0.00	665.28	

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes:

CODE	DESCRIPTION
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). This change effective 7/1/2013; Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)
CO	Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.

NOVITAS SOLUTIONS, INC.
 PO BOX 890110
 CAMP HILL, PA 170890110

Printed: Standard Paper Remittance
 April 15, 2013 (SPR)
 Advice Notice

NPI #:
 ISSUE DATE #: 04/15/13
 PROD DATE #: 04/12/13
 CHECK/EFT #:

PERF PROV	SERV DATE	POS	NOS	PROC MODS	BILLED	ALLOWED	DEDUCT	COINS/COPAY	GRP/RC-AMT	PROV PD
POLICY ID:										
752664856	032713	032713	11	1	99213	105.00	73.35	0.00	14.67	CO-45 31.65 58.68
752664856	032713	032713	11	1	G8417	0.00	0.00	0.00	0.00	0.00 0.00 0.00
	SUB NOS: 1			REM: N365						
752664856	032713	032713	11	1	G8553	0.00	0.00	0.00	0.00	0.00 0.00 0.00
	SUB NOS: 1			REM: N365						
PT RESP	14.67				CLAIM TOTALS	105.00	73.35	0.00	14.67	31.65 58.68
ADJ TO TOTALS:	PREV PAID	0.00	INTEREST:		0.00	LATE FILING CHARGE:	0.00			NET 58.68
CLAIM INFORMATION FORWARDED TO: TX HEALTH & HUMAN SERVICES COMM										

PATIENT NAME										
POLICY ID:										
752664856	032713	032713	11	1	99214 25	155.00	107.62	0.00	21.52	CO-45 47.38 86.10
752664856	032713	032713	11	1	95923 59	300.00	256.91	0.00	53.38	CO-45 33.09 213.53
752664856	032713	032713	11	1	G8417	0.00	0.00	0.00	0.00	0.00 0.00 0.00
	SUB NOS: 1			REM: N365						
752664856	032713	032713	11	1	3048F	0.01	0.00	0.00	0.00	CO-96 0.01 0.00
	SUB NOS: 1			REM: N365						
752664856	032713	032713	11	1	3046F	0.01	0.00	0.00	0.00	CO-96 0.01 0.00
	SUB NOS: 1			REM: N365						
752664856	032713	032713	11	1	G8553	0.00	0.00	0.00	0.00	0.00 0.00 0.00
	SUB NOS: 1			REM: N365						
PT RESP	74.90				CLAIM TOTALS	455.02	374.53	0.00	74.90	80.49 299.63
ADJ TO TOTALS:	PREV PAID	0.00	INTEREST:		0.00	LATE FILING CHARGE:	0.00			NET 299.63
CLAIM INFORMATION FORWARDED TO: TX HEALTH & HUMAN SERVICES COMM										

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS/COPAY AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK
	2	560.02	447.88	0.00	89.57	112.14	358.31	0.00	358.31

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes:

CODE	DESCRIPTION
45	Charge exceeds fee schedule/maximum allowable or contracted/registered fee arrangement. (Use Group Codes PR or CO depending upon liability). This change effective 7/1/2013: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
CO	Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late. (Modified 10/31/02, 6/30/03, 8/1/05, 4/1/07)
MA07	Alert: The claim information has also been forwarded to Medicaid for review. (Modified 4/1/07)
MA15	Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (Modified 4/1/07)
N365	This procedure code is not payable. It is for reporting/information purposes only. (New Code 4/1/06)

BLUECROSS BLUESHIELD OF TEXAS
 P O BOX 660044
 DALLAS, TX 752660044

Printed: Standard Paper Remittance
 April 15, 2013 (SPR)
 Advice Notice

NPI #:
 ISSUE DATE #: 04/17/13
 PROD DATE #: 04/12/13
 CHECK/EFT #:

PERF PROV	SERV DATE	POS	NOS	PROC MODS	BILLED	ALLOWED	DEDUCT	COINS/COPAY	GRP/RC-AMT	PROV PD
PATIENT NAME										
Claim Period: 040813 040813										
752664856	040813 040813		1	99213 25	105.00	78.11	30.00	0.00	CO-45	26.89 48.11
752664856	040813 040813		1	94690 59	75.00	0.00	0.00	0.00	PR-022	75.00 0.00
752664856	040813 040813		1	G8417	0.00	0.00	0.00	0.00		0.00 0.00
752664856	040813 040813		1	3008F	0.00	0.00	0.00	0.00		0.00 0.00
752664856	040813 040813		1	G8553	0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	105.00			CLAIM TOTALS	180.00	78.11	30.00	0.00		26.89 48.11
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 48.11

Claim Period: 040513 040513										
752664856	040513 040513		1	99213	105.00	78.11	30.00	0.00	CO-45	26.89 48.11
752664856	040513 040513		1	G8417	0.00	0.00	0.00	0.00		0.00 0.00
752664856	040513 040513		1	3008F	0.00	0.00	0.00	0.00		0.00 0.00
752664856	040513 040513		1	G8553	0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	30.00			CLAIM TOTALS	105.00	78.11	30.00	0.00		26.89 48.11
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 48.11

Claim Period: 040513 040513										
752664856	040513 040513		1	99214 25	155.00	115.82	25.00	0.00	CO-45	39.18 90.82
752664856	040513 040513		1	95943 59	425.00	212.50	0.00	0.00	CO-45	212.50 212.50
752664856	040513 040513		1	93922 59	185.00	140.50	0.00	0.00	CO-45	44.50 140.50
752664856	040513 040513		1	93000	60.00	25.07	0.00	0.00	CO-45	34.93 25.07
752664856	040513 040513		1	36415	10.00	3.00	0.00	0.00	CO-45	7.00 3.00
752664856	040513 040513		1	81003 QW	10.00	2.05	0.00	0.00	CO-45	7.95 2.05
752664856	040513 040513		1	G8553	0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	25.00			CLAIM TOTALS	845.00	498.94	25.00	0.00		346.06 473.94
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 473.94

Claim Period: 040513 040513										
752664856	040513 040513		1	99213	105.00	78.11	20.00	0.00	CO-45	26.89 58.11
752664856	040513 040513		1	36415	10.00	3.00	0.00	0.00	CO-45	7.00 3.00
752664856	040513 040513		1	81003 QW	10.00	2.05	0.00	0.00	CO-45	7.95 2.05
752664856	040513 040513		1	74000	0.00	0.00	0.00	0.00		0.00 0.00
752664856	040513 040513		1	G8417	0.00	0.00	0.00	0.00		0.00 0.00
752664856	040513 040513		1	3008F	0.00	0.00	0.00	0.00		0.00 0.00
752664856	040513 040513		1	G8553	0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	20.00			CLAIM TOTALS	125.00	83.16	20.00	0.00		11.84 63.16
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 63.16

PATIENT NAME										
Claim Period: 032813 032813										
752664856	032813 032813		1	99214	155.00	0.00	0.00	0.00	OA-16	155.00 0.00
				REM: N225						
752664856	032813 032813		1	G8417	0.00	0.00	0.00	0.00		0.00 0.00
752664856	032813 032813		1	3008F	0.00	0.00	0.00	0.00		0.00 0.00
752664856	032813 032813		1	3075F	0.01	0.00	0.00	0.00	OA-16	0.01 0.00
				REM: N225						
752664856	032813 032813		1	3078F	0.01	0.00	0.00	0.00	OA-16	0.01 0.00
				REM: N225						
752664856	032813 032813		1	3048F	0.01	0.00	0.00	0.00	OA-16	0.01 0.00
				REM: N225						
752664856	032813 032813		1	3046F	0.01	0.00	0.00	0.00	OA-16	0.01 0.00
				REM: N225						
752664856	032813 032813		1	G8553	0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	0.00			CLAIM TOTALS	155.04	0.00	0.00	0.00		155.04 0.00
ADJ TO TOTALS:	PREV PAID	0.00		INTEREST:	0.00	LATE FILING CHARGE:	0.00			NET 0.00

Claim Period: 040913 040913										
752664856	040913 040913		1	99214	155.00	115.82	40.00	0.00	CO-45	39.18 75.82

PAY Four hundred eighty two and 15/100 Dollars

TO THE ORDER OF

R. W. O'Connell

AUTHORIZED SIGNATURE

⑈0075570918⑈ ⑈021309379⑈ 601882673⑈

EXPLANATION OF PAYMENTS

CHECK DATE:

CHECK NUMBER:

CHECK AMOUNT: 482.15

UnitedHealthcare
Benefits of Texas, Inc.

PAYEE:



Medical						Payable
Service Code	Date	Charge Amount	Adjustment Amount	Adjustment Reason		Amount
CLAIM-	03/27/2013	0.00	0.00			0.00
99214-	03/27/2013	155.00	47.38	CONTRACT ADJUSTMENT		107.62
68417-	03/27/2013	0.00	0.00			0.00
3008F-	03/27/2013	0.00	0.00			0.00
68553-	03/27/2013	0.00	0.00			0.00
Total		155.00	47.38			107.62
Total of Prior Payments						0.00
Total Payable						107.62

Patient						Payable
Service Code	Date	Charge Amount	Adjustment Amount	Adjustment Reason		Amount
CLAIM-	03/27/2013	0.00	0.00			0.00
99214-25	03/27/2013	155.00	47.38	CONTRACT ADJUSTMENT		107.62
95923-59	03/27/2013	300.00	33.09	CONTRACT ADJUSTMENT		266.91
68417-	03/27/2013	0.00	0.00			0.00
3008F-	03/27/2013	0.00	0.00			0.00
68553-	03/27/2013	0.00	0.00			0.00
Total		455.00	80.47			374.53
Total of Prior Payments						0.00
Total Payable						374.53

[Handwritten mark]

Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

Patient Name

C

Meml
Group Nam
Product: Open Access Aetna SelectSM
Aetna Life Insurance Company

Netwc ... OPEN ACCESS AETNA SELECT

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28/13	11	99213	1.0	105.00	77.54	25.00					25.00	52.54
03/28/13	11	G8553		0.00								0.00
03/28/13	11	G8420		0.00								0.00
TOTALS				105.00	77.54	25.00					25.00	52.54

ISSUED AMT: \$52.54

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO, TX 79998-1106

CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$25.00
Claim Payment: \$52.54

Patient Name:

Meml
Group Nam
Product: Aetna Choice[®] POS II
Aetna Life Insurance Company



DIAG: 401.9, 272.4, 250.01
Group Number:
Network ID: 00338 AETNA CHOICE POS II

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/26/13	11	9921425	1.0	155.00	114.99							114.99
03/26/13	11	9594359	1.0	425.00	212.50	25.00					25.00	187.50
03/26/13	11	81003QW	1.0	10.00	1.74							1.74
03/26/13	11	3008F		0.00								0.00
03/26/13	11	G8553		0.00								0.00
03/26/13	11	G8417		0.00								0.00
TOTALS				590.00	329.23	25.00					25.00	304.23

ISSUED AMT: \$304.23

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO, TX 79998-1106

CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$25.00
Claim Payment: \$304.23

Continued on Next Page

Provider Address:

Trace Number:
Trace Amount:

\$305.79

Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

Patient Name

Membr
Group Na
Product: Aetna Choice® POS II
Aetna Life Insurance Company

DIAG: 401.1, 271.00, 695.89
Group Numbr
Network I'

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/18/13	11	9921425	1.0	155.00	114.99							114.99
03/18/13	11	9594359	1.0	425.00	212.50	25.00					25.00	187.50
03/18/13	11	77056		0.00								0.00
03/18/13	11	76856		0.00								0.00
03/18/13	11	36415	1.0	10.00	3.30							3.30
03/18/13	11	3008F		0.00								0.00
TOTALS				590.00	330.79	25.00					25.00	305.79

ISSUED AMT: \$105.79

Remarks:

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim
P.O. BOX 981106 EL PASO, TX 79998-1106

CALL (888) 632-3862 FOR ASSISTANCE

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$25.00

Claim Payment: 305.79

Patient Name

Claim ID
Member
Group Name:
Product: Aexcel® Plus Aetna Choice® POS II
Aetna Life Insurance Company

DIAG: 465.9, 78.107, 493.90
Group Number
Network ID: 00338 AETNA CHOICE POS II

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/27/13	11	9921425	1.0	155.00	114.99				114.99		114.99	0.00
03/27/13	11	96372	1.0	25.00	24.32				24.32		24.32	0.00
03/27/13	11	9464059	2.0	80.00	33.54				33.54		33.54	0.00
03/27/13	11	J1100	1.0	15.00	0.12				0.12		0.12	0.00
03/27/13	11	G8553		0.00								0.00
TOTALS				275.00	172.97				172.97		172.97	0.00

ISSUED AMT: NO PAY

Continued on Next Page

CHECK NUMBER:
BANK CODE:
CLIENT:

DATE 04/15/2013

PCX10A-00005-00006

HUMANA AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE		SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSUR	PROVIDER DISCOUNT	FEE REDUCTION/ EXCLUDED	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
FROM	TO										
03/27/2013	03/27/2013	95923	300.00	266.91	0.00	0.00	0.00	33.09	0.00	0PC/45	266.91
03/27/2013	03/27/2013	94640	80.00	39.32	0.00	0.00	0.00	40.68	0.00	0PC/45	39.32
03/27/2013	03/27/2013	11100	15.00	0.10	0.00	0.00	0.02	14.90	0.00	0PC/45	0.08
03/27/2013	03/27/2013	96372	25.00	25.00	0.00	0.00	0.00	0.00	0.00		25.00
03/27/2013	03/27/2013	G8417	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
03/27/2013	03/27/2013	3008F	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
03/27/2013	03/27/2013	G8553	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
CLAIM TOTALS			575.00	438.95	0.00	5.00	0.02	136.02	0.03		433.93
EST MBR RESPONSIBILITY 5.02								TOTAL PAID 433.93			
PROVIDER NAME PATIENT NAME SUBSCRIBER NAME											
03/28/2013	03/28/2013	99213	104.98	73.35	0.00	5.00	0.00	31.63	0.00	0PC/45	68.35
03/28/2013	03/28/2013	G8417	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
03/28/2013	03/28/2013	G8553	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
CLAIM TOTALS			105.00	73.35	0.00	5.00	0.00	31.63	0.02		68.35
EST MBR RESPONSIBILITY 5.00								TOTAL PAID 68.35			
REMITTANCE TOTALS											
TOTALS			2,110.00	1,618.29	0.00	20.00	0.02	491.58	0.13		1,598.27
EST MBR RESPONSIBILITY 20.02								TOTAL PAID 1,598.27			
ROLLUP TOTALS FOR REMITTANCE											
TOTALS			2,110.00	1,618.29	0.00	20.00	0.02	491.58	0.13		1,598.27
EST MBR RESPONSIBILITY 20.02								TOTAL PAID 1,598.27			

HUMANA CODES/DESCRIPTIONS

0PC THIS PROVIDER IS A MEMBER OF YOUR PARTICIPATING PROVIDER ORGANIZATION NETWORK. SERVICES ARE DISCOUNTED ACCORDING TO THE NEGOTIATED RATE.

0>7 THIS SERVICE IS FOR INFORMATIONAL PURPOSES ONLY; THEREFORE, YOU HAVE NO FINANCIAL RESPONSIBILITY AND SHOULD NOT BE BILLED.

CALL 800-440-0000

FOR HUMANA CLAIMS

COMMENTS

PROVIDER ID:
 FEDERAL TAX ID:
 REMITTANCE ID:
 CHECK NUMBER:
 BANK CODE:
 CLIENT:

HUMANA AUTOMATED REMITTANCE ADVICE

DATE OF SERVICE		SERVICE CODE	CHARGE	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSUR	PROVIDER DISCOUNT	FEE REDUCTION/ EXCLUDED	HUMANA/ ANSI (HIPAA) CODE	BENEFIT AMOUNT
FROM	TO										
PROVIDER NAME: [REDACTED] PATIENT NAME: [REDACTED] SUBSCRIBER NAME: [REDACTED] PLAN TYPE: [REDACTED]											
03/28/2013	03/28/2013	99204	264.97	165.38	0.00	5.00	0.00	99.59	0.00	OPC/45	160.38
03/28/2013	03/28/2013	95943	425.00	425.00	0.00	0.00	0.00	0.00	0.00		425.00
03/28/2013	03/28/2013	93000	60.00	18.51	0.00	0.00	0.00	41.49	0.00	OPC/45	18.51
03/28/2013	03/28/2013	81003	10.00	3.09	0.00	0.00	0.00	6.91	0.00	OPC/45	3.09
03/28/2013	03/28/2013	36415	10.00	3.00	0.00	0.00	0.00	7.00	0.00	OPC/45	3.00
03/28/2013	03/28/2013	G8417	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
03/28/2013	03/28/2013	3008F	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
03/28/2013	03/28/2013	G8553	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
CLAIM TOTALS			770.00	614.98	0.00	5.00	0.00	154.99	0.03		609.98
EST MBR RESPONSIBILITY 5.00					TOTAL PAID 609.98						
PROVIDER NAME: [REDACTED] PATIENT NAME: [REDACTED] SUBSCRIBER NAME: [REDACTED] PLAN TYPE: [REDACTED]											
03/28/2013	03/28/2013	99214	154.98	107.62	0.00	0.00	0.00	47.36	0.00	OPC/45	107.62
03/28/2013	03/28/2013	90732	60.00	60.00	0.00	0.00	0.00	0.00	0.00		60.00
03/28/2013	03/28/2013	G0009	25.00	25.00	0.00	0.00	0.00	0.00	0.00		25.00
03/28/2013	03/28/2013	81003	10.00	3.09	0.00	0.00	0.00	6.91	0.00	OPC/45	3.09
03/28/2013	03/28/2013	G8420	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
03/28/2013	03/28/2013	G8553	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0>7/96	0.00
CLAIM TOTALS			250.00	195.71	0.00	0.00	0.00	54.27	0.02		195.71
EST MBR RESPONSIBILITY 0.00					TOTAL PAID 195.71						

PAY *Nine hundred thirty nine and 72/100 Dollars*

VOID IF NOT CASHED IN 120 DA 75

TO THE ORDER OF

Robt W. O'Connell
AUTHORIZED SIGNATURE

⑈0075568265⑈ ⑆021309379⑆ 601882673⑈

UnitedHealthcare
Benefits of Texas, Inc.

EXPLANATION OF PAYMENTS

CHECK DATE: 04/03/2013

CHECK NUMBER:

CHECK AMOUNT: 939.72

PAYEE:

PROVIDER:

Patient:
Medical or
Date of Service

Code	Date	Charge Amount	Adjustment Amount	Adjustment Reason	Payable Amount
CLAIM-	03/20/2013	0.00	0.00		0.00
99214-25	03/20/2013	155.00	47.38	CONTRACT ADJUSTMENT	107.62
95943-59	03/20/2013	425.00	276.25	CONTRACT ADJUSTMENT	148.75
95923-59	03/20/2013	300.00	33.09	CONTRACT ADJUSTMENT	266.91
G8417-	03/20/2013	0.00	0.00		0.00
3008F-	03/20/2013	0.00	0.00		0.00
G8553-	03/20/2013	0.00	0.00		0.00
Total		880.00	356.72		523.28
Total of Prior Payments					0.00
Total Payable					523.28

Patient:
Medical
Date of Service

Code	Date	Charge Amount	Adjustment Amount	Adjustment Reason	Payable Amount
CLAIM-	03/20/2013	0.00	0.00		0.00
99214-25	03/20/2013	155.00	47.38	CONTRACT ADJUSTMENT	107.62
95943-59	03/20/2013	425.00	276.25	CONTRACT ADJUSTMENT	148.75
G8417-	03/20/2013	0.00	0.00		0.00
3008F-	03/20/2013	0.00	0.00		0.00
G8553-	03/20/2013	0.00	0.00		0.00
Total		580.00	323.63		256.37
Total of Prior Payments					0.00
Total Payable					256.37

Patient:
Medical
Date of Service

Code	Date	Charge Amount	Adjustment Amount	Adjustment Reason	Payable Amount
CLAIM-	03/20/2013	0.00	0.00		0.00
99214-25	03/20/2013	155.00	47.38	CONTRACT ADJUSTMENT	107.62
94690-59	03/20/2013	75.00	22.55	CONTRACT ADJUSTMENT	52.45
G8417-	03/20/2013	0.00	0.00		0.00