

COMMUNITY FIRST HEALTH PLANS
EXPLANATION OF PAYMENT

Run Date 11/05/02

ID#: 1834

IRS#:

Name and Address of Provider

Patient Name: MBR ID: Acct: 0500067600 CARRIER: COMMUNITY FIRST HEALTH PROG#: HMO

Claim Number: 123456789101 Servicing Provider:

Servic	Date-	LC	Diag#	Proc#	MOD	TDS	Days/Cnt	Billed	Allowed	Deduct	Copay	Coins	TPP	Denied	Payment	Explain Codes
0101	082702	22	78650	99235		1	-	1	-265.00	-185.50	.00	.00	.00	-185.50	.00	.84
0102	082702	21	78650	99235		1	-	1	265.00	185.50	.00	.00	.00	.00	185.50	AG 8P

Sub-total																
84	CL Place of service missing or invalid for procedure billed															
8P	CL Paid per reasonable and customary															
AG	CL Adjusted - Received corrected bill															

Patient Name: MBR ID: Acct: 0500067600 CARRIER: COMMUNITY FIRST HEALTH PROG#: HMO

Claim Number: 020926E00505 Servicing Provider:

Serv	Date-	LC	Diag#	Proc#	MOD	TDS	Days/Cnt	Billed	Allowed	Deduct	Copay	Coins	TPP	Denied	Payment	Explain Codes
0100	092002	21	56211	99232		1	-	1	90.00	78.00	.00	.00	.00	.00	78.00	8P
0200	082702	21	78650	99235		1	-	1	265.00	185.50	.00	.00	.00	.00	78.00	8P
0300	092202	21	56211	99238		1	-	1	108.00	67.00	.00	.00	.00	.00	67.00	

Sub-total																
8P	CL Paid of per reasonable and customary															
									288.00	223.00	.00	.00	.00	-185.50	223.00	
Total									288.00	223.00	.00	.00	.00	-185.50	408.50	