

UPSTATE MEDICARE DIVISION

NPI #: 111111111
 CHECK/EFT #: 111111111

DATE

PROVIDER'S NAME
 PAGE #: 10

MEDICARE
 REMITTANCE
 NOTICE

REND PROV	SERV DATE	POS NOS	PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
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NAME: HIC: ACNT ICN ASG Y MOA

ANOTHER CLAIM

NAME:	HIC:	ACNT	ICN	ASG Y	MOA
NAME: HURT, I.M. HIC: 999999999A ACNT HURT-329 ICN 0202199367770 ASG Y MOA MA01					
111111111	1205 120506	11 1 90772			
			-40.00	-17.47	0.00 -3.49
111111111	1205 120506	11 110 J0881			
			-880.00	-329.01	0.00 -65.80
111111111	1205 120506	11 1 85014			
			-15.00	0.00	0.00 0.00
PT RESP	0.00	CLAIM TOTALS	-935.00	-346.48	0.00 -69.29
ADJ TO TOTALS: PREV PD	INTEREST		0.00	LATE FILING CHARGE	0.00 NET -277.19

NAME:	HIC:	ACNT	ICN	ASG Y	MOA
NAME: HURT, I.M. HIC: 999999999A ACNT HURT-329 ICN 8302239187130 ASG Y MOA MA02 MA67					
111111111	1205 120506	11 1 90772			
			40.00	0.00	0.00 0.00
111111111	1205 120506	11 110 J0881			
			880.00	329.01	0.00 65.80
111111111	1205 120506	11 1 85014			
			15.00	0.00	0.00 0.00
PT RESP	65.80	CLAIM TOTALS	935.00	329.01	0.00 65.80
ADJ TO TOTALS: PREV PD	INTEREST		0.00	LATE FILING CHARGE	0.00 NET 263.21

NAME:	HIC:	ACNT	ICN	ASG Y	MOA
NAME: FISCHER, BENNY HIC: 999999999B ACNT FISC612 ICN 0202199377770 ASG Y MOA MA01 MA18					
111111111	1205 120506	11 1 90772			
			-40.00	-17.47	0.00 -3.49
111111111	1205 120506	11 165 J0881			
			-1320.00	-493.52	0.00 -98.70
111111111	1205 120506	11 1 85014			
			-15.00	0.00	0.00 0.00
PT RESP	0.00	CLAIM TOTALS	-1375.00	-510.99	0.00 -102.19
ADJ TO TOTALS: PREV PD	INTEREST		0.00	LATE FILING CHARGE	0.00 NET -277.19

CLAIM INFORMATION FORWARDED TO: POMCO, INC

NAME:	HIC:	ACNT	ICN	ASG Y	MOA
NAME: FISCHER, BENNY HIC: 999999999B ACNT FISC612 ICN 8202239187150 ASG Y MOA MA02 MA18					
111111111	1205 120506	11 1 90772			
			40.00	0.00	0.00 0.00
111111111	1205 120506	11 165 J0881			
			1320.00	493.52	0.00 98.70
111111111	1205 120506	11 1 85014			
			15.00	0.00	0.00 0.00
PT RESP	98.70	CLAIM TOTALS	1375.00	493.52	0.00 98.70
ADJ TO TOTALS: PREV PD	INTEREST		0.00	LATE FILING CHARGE	0.00 NET 394.82

CLAIM INFORMATION FORWARDED TO: POMCO, INC

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	83	42798.00	18545.10	533.40	3260.07	25993.79	14751.63	-27.96	14779.59

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN	HIC	AMOUNT
	FB	0202199367770	999999999	-13.98
	FB	0202199377770	999999999	-13.98

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES

- 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.
- MA02 Alert: If you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice.
- MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- MA67 Correction to a prior claim