

PRODUCTION

PROFESSIONAL EMC PROGRAM

MEDICARE-B EMC INPUT

BATCH DETAIL CONTROL LISTING

SUBMITTER ID: 000001 SUBMITTER NAME: SOFOS NETWORK
 ADDRESS: 275 OAK STREET
 CITY: BUFFALO
 STATE/ZIP: PA 14240

PROCESS DATE: 11/08/2006

PROV NPI#	PROV PIN#	REFERENCE NUMBER	REC TYPE	DTL NUM	FIELD IN ERROR	FIELD CONTENTS	ERR NUM	MESSAGE	ERROR SEVERITY
0		619507114	ISA	IC CTRL HDR	619507114		M151	AT LEAST ONE VALID CLAIM	INFORMATIONAL
0	EMC PROVIDER : NPI: xxxxxxxxxxxx		PIN: xxxxxxxx		BATCH NUMBER : 1				
0	2654755547	DJL10	1	2000A HL	B/PY-TO PRV	000000000	M152	AT LEAST ONE VALID CLAIM	INFORMATIONAL
0	EMC PROVIDER : NPI: xxxxxxxxxxxx		PIN: xxxxxxxx		BATCH STATUS : DELETED			ENTIRE BATCH MUST BE RESUBMITTED	
0	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx	2400	LX 02 ASN NO	xxxxxxxxxxxxxxxx	1089	MUST BE +1 BY +1 NOT SKI	CLAIM DELETED
	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx	2400	LX 03 ASN NO	xxxxxxxxxxxxxxxx	1089	MUST BE +1 BY +1 NOT SKI	CLAIM DELETED
	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx	2400	LX 04 ASN NO	xxxxxxxxxxxxxxxx	1089	MUST BE +1 BY +1 NOT SKI	CLAIM DELETED
0	HIC FOR ABOVE CLAIM IN ERROR: xxxxxxxxxxxxA			ICN: 000000000000					
-	TOTAL CLAIMS RECEIVED		:	1					
	TOTAL CLAIMS ACCEPTED		:	0					
	TOTAL CLAIMS DELETED		:	1					

TOTAL CLAIMS WITH ERRORS : 1

TOTAL CHARGES ACCEPTED : \$ 0.00