



CareSource
P.O. Box 1920
Dayton OH 454011920

010000X/

Any Name Medical Center
987654321
NA
10101010X
\$0.00
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O100004 01 SP 0.440 **SNGLP T1 1 0321 45404-189801 -C01-P00000-I



Any Name Medical Center
1234 Any Street
Anytown, US 09876-1234

EXPLANATION OF PAYMENT

PAYMENT DATE: 10/20/2010
PAYEE ID: 987654321
CHECK NUMBER: NA
CLAIM COUNT: 0001
TOTAL CHARGES: \$ 3,478.00
TOTAL PAYMENT: \$ 180.13
PAYMENT AMOUNT: \$ 180.13

Total number of claims contained on this EOP

If you have questions, please visit our Provider Portal at www.caresource.com 24 hours a day, 7 days a week

Medicaid: CFC, ABD
Medicare: SNP
Montgomery County Care,
Children's Buy In

Coordination of Benefits
Amount Paid by Primary

CLAIM SUMMARY

SERVICE DATES FROM TO	PROCEDURES (MODIFIER)	NO. OF UNITS	AMOUNT BILLED	ALLOWED	PAYMENT	PATIENT RESPONSIBILITY	OTHER INS. PAID	NOT COVERED	ADJUSTMENT REASON	REMARKS
07/27/10	07/27/10	99213	1	65.00	20.00	20.00	0.00	0.00	0.00	CR-97
07/27/10	07/27/10	36415	1	27.00	10.00	10.00	0.00	0.00	0.00	CR-97
07/27/10	07/27/10	85024	1	27.00	10.00	10.00	0.00	0.00	0.00	CR-97

Patient: 10203040506 Jane Q. Doe
Pat. Acct. #: 908070605
Provider: 0204060801 Any Name Medical Center

Insured: 10203040506 Jane Q. Doe
Product Name:
Status: Information Here Regarding Payment

Payer Claim: 10503070204
DRG:
POS: 11

Units field is limited to 2 digits

Claim Status

HIPAA Standard Codes — Explanation Key found at end of EOP

Claims adjusted on current or previous EOPs

PROVIDER ADJUSTMENTS

ADJUSTMENT REASON	AMOUNT
Total Adjustments	

ADJUSTMENT REASON CODES		REMARKS CODES	
CODE	DESCRIPTION	CODE	DESCRIPTION
CR-97	Payment is included in the allowance for another service/procedure.		
CR-22	Payment adjusted because this care may be covered by another payer per coordination of benefits.		
CR-45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).		