Sample Professional Services Claims Adjusted Section of the Remittance Advice

Remittance Advice — Professional Service Claim Adjustments Sample

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REPORT:   CRA-HCAD-R                                  FORWARDHEALTH INTERCHANGE                                  DATE:  MM/DD/CCYY
   RA#:   999999999                                 <Financial Cycle Description>                               PAGE:       9,999
 PAYER:   XXXX                                       PROVIDER REMITTANCE ADVICE
                                                 PROFESSIONAL SERVICE CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID      999999999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     NPI                9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     CHECK/EFT NUMBER    999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                     PAYMENT DATE       MM/DD/CCYY


  --ICN--         PCN           MRN        SERVICE DATES      BILLED AMT       OTH INS AMT    COPAY AMT        PAID AMT
                                           FROM    TO        ALLOWED AMT     SPENDDOWN AMT    CO-INS CB       OUTPAT DED

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MEMBER NO.: XXXXXXXXXXXX
RRYYJJJBBBSSS  XXXXXXXXXXXX  XXXXXXXXXXXX  MMDDYY MMDDYY   (9,999,999.99)   (9,999,999.99)   (999,999.99)   (9,999,999.99)
                                                           (9,999,999.99)     (999,999.99)   (999,999.99)     (999,999.99)
RRYYJJJBBBSSS  XXXXXXXXXXXX  XXXXXXXXXXXX  MMDDYY MMDDYY    9,999,999.99     9,999,999.99     999,999.99     9,999,999.99
                                                            9,999,999.99       999,999.99     999,999.99       999,999.99

ADJUSTMENT EOB:  9999
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                     SERVICE DATES ALLW UNITS RENDERING PROVIDER        PA NUMBER
PROC CD  MODIFERS    FROM   TO     COPAY AMT  BILLED AMT   ALLOWED AMT  PAID AMT     DETAIL EOBS
 XXXXX  XX XX XX XX  MMDDYY MMDDYY 9999.99    XXX XXXXXXXXXXXXXX       XXXXXXXXXX   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                   999,999.99 9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 XXXXX  XX XX XX XX  MMDDYY MMDDYY 9999.99    XXX XXXXXXXXXXXXXX       XXXXXXXXXX   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                   999,999.99 9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 XXXXX  XX XX XX XX  MMDDYY MMDDYY 9999.99    XXX XXXXXXXXXXXXXX       XXXXXXXXXX   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                   999,999.99 9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 XXXXX  XX XX XX XX  MMDDYY MMDDYY 9999.99    XXX XXXXXXXXXXXXXX       XXXXXXXXXX   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                   999,999.99 9,999,999.99 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999


                                                                        ADDITIONAL PAYMENT                          9,999,999.99
                                                                        OVERPAYMENT TO BE WITHHELD                  9,999,999.99
                                                                        REFUND AMOUNT APPLIED                       9,999,999.99

             TOTAL PROFESSIONAL SERVICE CLAIMS ADJ:       99,999,999.99   99,999,999.99    9,999,999.99    99,999,999.99
                                                          99,999,999.99    9,999,999.99    9,999,999.99     9,999,999.99
TOTAL NO. ADJ:  999,999
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