Sample Summary Section of the Remittance Advice

Remittance Advice — Summary Sample

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

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

                                  ------------------------------------------CLAIMS DATA------------------------------------------

                                   CURRENT         CURRENT        MONTH-TO-DATE   MONTH-TO-DATE     YEAR-TO-DATE   YEAR-TO-DATE
                                   NUMBER          AMOUNT            NUMBER          AMOUNT            NUMBER         AMOUNT
   CLAIMS PAID                     999,999       99,999,999.99      9,999,999     999,999,999.99     9,999,999     999,999,999.99
   CLAIM ADJUSTMENTS               999,999       99,999,999.99      9,999,999     999,999,999.99     9,999,999     999,999,999.99
      TOTAL CLAIMS PAYMENTS        999,999       99,999,999.99      9,999,999     999,999,999.99     9,999,999     999,999,999.99

   CLAIMS DENIED                   999,999                          9,999,999                        9,999,999
   CLAIMS IN PROCESS†              999,999       99,999,999.99

                                  ------------------------------------------EARNINGS DATA------------------------------------------
   PAYMENTS:
      CLAIMS PAYMENTS                             99,999,999.99                  999,999,999.99                  999,999,999.99
      CAPITATION PAYMENT                          99,999,999.99                  999,999,999.99                  999,999,999.99
      NURSE AID REIMBURSEMENTS                    99,999,999.99                  999,999,999.99                  999,999,999.99
      LEVEL ONE REIMBURSEMENTS                    99,999,999.99                  999,999,999.99                  999,999,999.99
      PAYOUTS                                     99,999,999.99                  999,999,999.99                  999,999,999.99
      ACCOUNTS RECEIVABLE:
         CLAIM SPECIFIC:
            CURRENT CYCLE                        (99,999,999.99)                (999,999,999.99)                (999,999,999.99)
            OUTSTANDING FROM PREVIOUS CYCLES     (99,999,999.99)                (999,999,999.99)                (999,999,999.99)
         NON-CLAIM SPECIFIC                      (99,999,999.99)                (999,999,999.99)                (999,999,999.99)


    REFUNDS:


            CLAIM SPECIFIC ADJUSTMENT REFUNDS    (99,999,999.99)                (999,999,999.99)                (999,999,999.99)
            NON CLAIM SPECIFIC REFUNDS           (99,999,999.99)                (999,999,999.99)                (999,999,999.99)


    OTHER FINANCIAL:
            VOIDS                                (99,999,999.99)                (999,999,999.99)                (999,999,999.99)

      NET PAYMENT**                              99,999,999.99                  999,999,999.99                  999,999,999.99

   NET EARNINGS                                  99,999,999.99                  999,999,999.99                  999,999,999.99
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Remittance Advice — Summary Sample, Continued

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                                    ----------------------------------------OUTSTANDING CHECKS----------------------------------------
                                     CHECK NUMBER        ISSUE DATE      ISSUE AMOUNT
                                      999999999          MM/DD/CCYY      99,999,999.99
                                      999999999          MM/DD/CCYY      99,999,999.99
                                      999999999          MM/DD/CCYY      99,999,999.99

                                     THE CHECK NUMBERS LISTED REMAIN OUTSTANDING.  PLEASE CASH THE CHECK(S),
                                     OR CONTACT PROVIDER SERVICES IF THERE IS A PROBLEM.



**  NET PAYMENT AMOUNT HAS BEEN REDUCED.  LIEN PAYMENTS HAVE BEEN MADE TO THE FOLLOWING LIEN HOLDERS:

                                     ----------------------------------PAYMENTS TO LIEN HOLDERS-------------------------------------
                                     LIEN HOLDER NAME                                        LIEN AMOUNT
                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999.99
                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999.99
                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999.99
                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999.99
                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  9,999,999.99


† THIS AMOUNT REPRESENTS THE BILLED AMOUNT.
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