

## Provider Remittance Fact Sheet

1. Servicing Provider Information
2. Payee Name
3. Patient Information
4. Claim Information
  - Dates of Service
  - Procedure Code or Revenue Code
  - Amount billed on the claim
  - Allowed Amount
  - Adjusted Amount/Disallow Amount
  - Primary Payor Payment-Coordination of Benefits
  - Patient Responsibility
    - Co Payment
    - Co-Insurance
    - Deductible
    - Non Covered Amount
  - Interest Owed
  - Plan Payment/Benefit Amount
  - Remark Codes/Explanation Codes
5. Claim Totals
  - Current Payment Amount
  - Provider Withhold Amount - Risk withhold amounts and/or Sequestration
  - Prior Paid Amount- Any amount that have been paid on this claim previously
  - Net Payments Amount - Current Payment less Provider Withhold Amount and Prior Paid Amount

Servicing Provider Name: XXXXXXXXXXXXXXXXXXXX <span style="border: 1px solid black; padding: 2px;">1</span>					Payee Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX <span style="border: 1px solid black; padding: 2px;">2</span>								
Servicing Provider NPI: XXXXXXXX													
Patient and Services Information													
Account Number XXXXXXXXXXXX			Subscriber # XXXXXXXXXXXX			VNS Health							
Patient Name XXXXXXXXXXXXXXXX			Claim Id XXXXXXXXXXXXXXXX										
Dates of Service		Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	Patient Responsibility				Interest Owed	Plan Payment	Remarks
							Co Pay	Co Ins	Ded Amt	Non Cvr'd			
M/DD/Y	M/DD/Y	XXXX	000.00	0.00	000.00	0.00	0.00	0.00	0.00	0.00	-	0.00	
Claim totals for: XXXXXXXXX			000.00	0.00	000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<span style="border: 1px solid black; padding: 2px;">4</span>							<span style="border: 1px solid black; padding: 2px;">5</span>						
											Current Payment Amount:	\$0.00	
											Provider Withhold Amount:	\$0.00	
											Prior Paid Amount:	\$0.00	
											Net Payment Amount:	\$0.00	

- 6. Explanation of adjusted claims- This will display under a adjusted claim. This details the original claim number, amount paid and date the original claim was paid.
- 7. Provider Total- Total amounts for all claims listed on the Remittance Advice.
- 8. Payee mailing information
- 9. Payment Summary - The below headings are for all claims listed on the Remittance Advice

\* - This is an adjustment of Claim Number: 12345678900, which was previously paid for \$0.00 on MM/DD/YYYY. Overpayments are explained in greater detail at the end of this Remittance.

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- Date Payment is being made
- Check Number
- Who payment is being made to
- Payee tax ID
- Reference ID • Total Charges
- Total Cons Charged- Total Considered Charges. This is the larger of contracted amounts and charges
- Total Denied
- Total Allowed
- Non Paid- Total of Coordination of Benefits and Member responsibility
- Prior Paid- Total of amount previously

- Interest Owed- Total interest paid
- Provider withhold- Total Risk withhold amounts and/or Sequestration
- Gross Paid - Total Charged less Total Denied, Non Paid, Prior Paid, and Provider Withhold.
- Reductions- Total amount of all original claims payments when the reprocessed claim on the Remittance Advise is paid less than the prior paid.

	Amount Billed	Amount Allowed	Adjusted	Primary Payer	Patient Responsibility			Interest Owed	Plan Payment
					Pmt	Co Pay	Co Ins		
Provider total: XXXXXXXXX	000.00	0.00	000.00	0.00	0.00	0.00	0.00	0.00	0.00

Your Provider  
1234 Smith St.  
Your Town, US  
12345

**Payment Summary**

Payment Date: M/DD/YY	Total Charged:	\$000.00
Check #: 0	Total Cons Charged <sup>1</sup> :	\$000.00
Paid To: Your Provider	Total Denied:	\$000.00
	Total Allowed:	\$0.00
Tax ID: XXXXXXXXXXXX	Non Paid <sup>2</sup> :	\$0.00
Reference Id: XXXXXXXXXXXXXXXXX	Prior Paid:	\$0.00
1 - Larger of contracted amount and charges.	Interest Owed:	\$0.00
2 - Includes items such as COB and Patient Responsibility	Provider Withhold:	\$0.00
	Gross Paid:	\$0.00
	Reductions:	\$0.00
	Automatic Recovery:	\$0.00
	Other Recoveries:	\$0.00
	Net Check Amount:	\$0.00

Explanation of Claims Handling

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- Automatic Recovery- Amount recovered from medical overpayment
- Other Recoveries
- Net Check Amount- Gross Paid less and any Recoveries

**10. Explanation of Claims Handling- Remark Codes with descriptions**

**11. Payment Reduction and Recovery Summary**

- Previous Balance- Existing Medical Overpayment Balance
- Recoveries on this Remittance- Medical Overpayment amount being recovered on this Remittance
- Reductions on this Remittance- Medical Overpayment amount being added to the total on this Remittance
- New Balance

<u>Payment Reduction and Recovery Summary:</u>						
<u>Previous Balance</u>		<u>Recoveries on this Remittance</u>		<u>Reductions on this Remittance</u>		<u>New Balance</u>
0.00	-	000.00	+	000.00	=	0.00
<b>11</b>						
<u>Payment Reductions and Recoveries made in this Remittance Cycle</u>						
<u>Transaction Type</u>	<u>Reduction/Recovery Type</u>	<u>Reduction Create Date</u>	<u>Recovery Date</u>	<u>Transaction Explanation:</u>	<u>Reduction Amount</u>	<u>Recovery Amount</u>
Reduction	Medical Overpayment	MM/DD/YY		Overpaid Claim Number: 12345678900	0.00	0.00
Recovery	System Recovered	MM/DD/YY	MM/DD/YY		0.00	0.00
Reduction	Medical Overpayment	MM/DD/YY		Overpaid Claim Number: 12345678900	0.00	0.00
Recovery	System Recovered	MM/DD/YY	MM/DD/YY		0.00	0.00
Reduction	Medical Overpayment	MM/DD/YY		Overpaid Claim Number: 12345678900	0.00	0.00
Recovery	System Recovered	MM/DD/YY	MM/DD/Y		0.00	0.00
					000.00	000.00
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**12. Payment Recoveries and Reductions made in this Remittance Cycle- This provides details the claims that was originally overpaid and when the overpaid amount for that claim was recovered.**