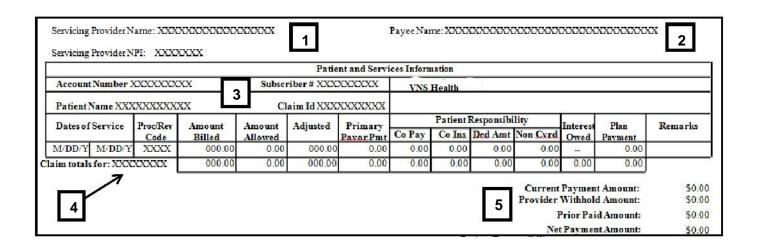


Provider Remittance Fact Sheet

- 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
 - o Co-Insurance
 - o 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



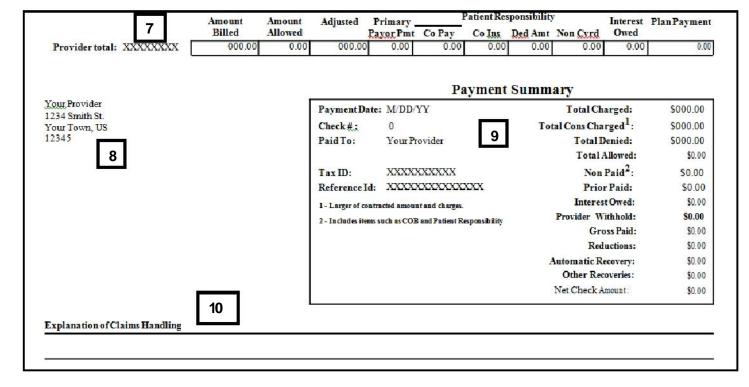
- 6. Explanation of adjusted claims- This will display under a adjusted claim. This details the original claim number, amount paid and date the original claim was paid.
- 7. Provider Total- Total amounts for all claims listed on the Remittance Advice.

Remittance.

- 8. Payee mailing information
- 9. Payment Summary The below headings are for all claims listed on the Remittance Advice
 - 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.



- 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

- 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
 - 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

Recovery Summary

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.

| Previous 1 | 0.00 - | Recoveries this Remittan | | Reductions on this Remittance 000.00 = New Balance 0.00 |) | |
|---------------------|-------------------------|-----------------------------|------------------|---|---------------------|--------------------|
| Payment Red | luctions and Recoveries | made in this Re | mittance Cycle | 12 | | |
| Transaction Type | Reduction/Recovery Type | Reduction Create Date | Recovery Date | Transaction Explanation: | Reduction Amount | Recovery Amount |
| 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 | | | | | 00,00 | 000.00 |