

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

SNESIBLE  
123 TEST AVE  
SAN FRANCISCO CA 94114

VENDOR # 0000111111 REMIT ADVICE # 222222 EFT/CHK #033333333 DATE 01/13/2022 PAGE 12  
NPI #: 1222222222 TAXONOMY: 123AAAAAAA

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
		05252022	05252022	3.000	H2012 HB	1500.00	41.73		
		05262022	05262022	3.000	H2012 HB	1500.00	41.73		
		***CLAIM TOTAL*****				4500.00	125.19		
0001111	SMITH, JOHN	05232022	05232022	1.000	S9480	1900.00	98.55		
ICN 22211111111111111111 PATIENT NUMBER=111-22222222									
		05252022	05252022	1.000	S9480	1900.00	98.55		
		05262022	05262022	1.000	S9480	1900.00	98.55		
		***CLAIM TOTAL*****				5700.00	295.65		
0002222	SMITH, JOHN	05252022	05252022	4.000	H2019 HA	500.00	29.00		
ICN 22211111111111111111 PATIENT NUMBER=111-22222222									
		***CLAIM TOTAL*****				500.00	29.00		
0003333	SMITH, JOHN	05282022	05282022	1.000	S9480	1900.00	98.55		
ICN 22211111111111111111 PATIENT NUMBER=111-22222222									
		***CLAIM TOTAL*****				1900.00	98.55		
0004444	SMITH, JOHN	10202021	10202021	4.000	H2019 HA	500.00	29.00		
ICN 22211111111111111111 PATIENT NUMBER=111-22222222									
		***CLAIM TOTAL*****				500.00	29.00		
0005555	SMITH, JOHN	03212022	03212022	2.000	H2019 HB	250.00	14.58		
ICN 22211111111111111111 PATIENT NUMBER=111-22222222									
		***CLAIM TOTAL*****				250.00	14.58		
0006666	SMITH, JOHN	12152021	12152021	4.000	H2019 HA	500.00-	29.00-		
ICN 22211111111111111111 PATIENT NUMBER=111-22222222									

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RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
		12172021	12172021	4.000	H2019 HA	500.00-	29.00-		
		***CLAIM TOTAL*****				1000.00-	58.00-		
0007777	DOE, JANE	12152021	12152021	4.000	H2019 HA	500.00	29.00		
ICN 33311111111111111111 PATIENT NUMBER=333-222222222									
		12172021	12172021	2.000	H2019 HA	250.00	14.50		
		***CLAIM TOTAL*****				750.00	43.50		
0008888	DOE, JANE	12222021	12222021	4.000	H2019 HA	500.00	29.00		
ICN 33311111111111111111 PATIENT NUMBER=333-222222222									
		***CLAIM TOTAL*****				500.00	29.00		
**PAID CLAIM TOTALS - MISCELLANEOUS CLAIM **NUMBER OF CLAIMS-						65** 113575.00	5745.85		
***TOTAL WARRANT AMOUNT***							5745.85		