\$173.38 \$20.06		38	\$173.38 \$20.06	ts ents	Total Payments Total Adjustments					
\$20.06)6	\$20.06	ustments	Subtotal Adjustments					00000
\$2.26 \$4.01 \$0.75 \$6.28 \$6.76	I		Disallowed Disallowed Disallowed Disallowed Disallowed Disallowed	05/10/2017 05/10/2017 05/10/2017 05/10/2017 05/10/2017 05/10/2017	Alabama Blue Cross Blue Shielc Alabama Blue Cross Blue Shielc Alabama Blue Cross Blue Shielc Alabama Blue Cross Blue Shielc Alabama Blue Cross Blue Shielc	Insurance Insurance Insurance Insurance Insurance	sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017	Goodwin, Vernie T Gossett, Annie Harrison Sr., Larry L Jenkins, Deleanor E Schoolar, Dorothy M	2645 884 198 2669 1305	Adjustments 003632 003727 003735 003533 003637
\$14.34 \$25.32 \$9.37 \$39.65 \$84.70 \$173.38	1	65 	Payment Payment Payment Payment Payment Payment Payment S173.38	05/10/2017 05/10/2017 05/10/2017 05/10/2017 05/10/2017 05/10/2017	Alabama Blue Cross Blue Shielc EFT Subtotal Payments	Insurance Insurance Insurance Insurance Insurance	sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017 sbuxton_BC 21603300318 05/10/2017	Goodwin, Vernie T Gossett, Annie Harrison Sr., Larry L Jenkins, Deleanor E Schoolar, Dorothy M	2645 884 198 2669 1305	Payments 003632 003727 003735 003533 003637
Total Charge Amount	Fee Units	Document #	Туре	Deposit Date	Modifiers Description Payer Method	Code Source	Batch Date	Patient Name Batch	Patient ID	Ticket Number

Daily Ralance



 BROVIDER:
 T003369325

 DAYEE:
 T386891497

 DAYEE:
 T386891497

 DAYE:
 BOZ/11/2017

 BAYROLE:
 BEGULAR

WONLEOWERY A SLOUT LOOP 733 WINTON M BLOUNT LOOP 817-ER REGION PSYCHIATRY ASSOCIATES 211-84780

PAYROLL: REGULAR

PAKE: 2

DAYE: 05/11/2017

TAX: 1386891497

TAX: 1386891497

TAX: 1386891497

78.6	£7.8£	25 25 25 25 25 25 25	802226	06.48	54		00.0			£05222698AA>		90832			#0 ZT/6T/#0 Z 08Z#8-TTS
							SMIA	IENT CL	SE SUPPLEM	CARE MEDICAR	ЕРЕВВЕС	NON PR			
TNAMYA9	TNUOMA	ı	CODES	TNUOMA	Ī	CODES	TNUOMA	I	CODES	CHARGES	TAT2/	СНСБ	OBIG	точ иянт	ЕВОМ
OF NUMBER			ТЕД СОИТРАС ОТНЕЯ А		ов мв	CONTRACTUAL	SIBLE	RESPONS	TDAS PATIENT	RIGINAL CONTR TATOT		PATIENT SBRUGBS	о ввос	CLAIM ERVICE ORI	DI NOITADOL S 40 S3TAD

< CONTINUED >

BBOAIDEB: T003395232 LAX: Z62976525 DATE: 05/11/2017 PAROLL: REGULAR PAYROLL: REGULAR

SIT-84780
SIT-84780
STARBURGERA BROUNT LOOP
MONTGOMERY ASSOCIATES

CLAIMS PAID ON CURRENT REMITTANCE: 9.37

PAYMENT AMOUNT: 9.37

FOR QUESTIONS RELATED TO THIS REMITTANCE ADVICE, CONTACT BLUE CROSS AND BLUE SHIELD OF ALABAMA AT

 BBOALDEB:
 T228335269

 LPX:
 SC5026256

 DVALE:
 02/11/5014

 BVGE:
 2

 BVGE:
 2

 BVAKOFF:
 BEGNIFM

WONLEOWERY ALCOUNT LOOP SI33 WINTOW M BLOUNT LOOP RIVER REGION PSYCHIATRY ASSOCIATES 512-96300

CLAIMS PAID ON CURRENT REMITTANCE: 149.67

PAYMENT INFORMATION ****

:TNUOMA TN3MYA9

49'6tT

FOR QUESTIONS RELATED TO THIS REMITTANCE ADVICE, CONTACT BLUE CROSS AND BLUE SHIELD OF ALABAMA AT 450 RIVERCHASE PARKWAY EAST, BIRMINGHAM, AL 35244, 877-231-7239

REMITTANCE NOTICE

PAGE: DATE: PAYEE: PAYROLL: REGULAR

						,	v.	001075					CIMIC	CLAIM TO
. 52 52 . 53 52 . 53 52		88AAX 71.85 50.41 50.41 50.41 50.41 82.82	S to		00.0 00.0 00.0 00.0 00.0 00.0 00.0	80 XX	18/6/6	108412£88AAX 00.021 00.08 00.08 00.08 00.01 00.021	ZO-ST ZO-ST ZO-ST ZO-ST	28266 28266 28266 28266	os (TZ 9T/ TZ 9T/ TZ 9T/ TZ 9T/	71/0T 9T/0T 9T/0T 9T/0T 9T/0T	9T/ZT/OT 9T/9T/OT 9T/ST/OT 9T/#T/OT 9T/ET/OT
		28AAX 72.00 50.31 50.88	St St	ld.	8:0			260262728AAX 00.002 00.08 00.082	T2-05	76406	3 C	TZ ZT/	04/03	04/05/17
		54.11 54.66 24.66 14.88	S† S†	2,	00.0 00.0 00.0			T71823638AAX 00.27 00.48 00.621	T2-05	81766	09	TT LT/	6T/#0 6T/#0	ZT/6T/#0
					SWIYT	EMENT CI	ARE SUPPLE	D CARE MEDIC	ЕЕЕВВЕ	dd NON				, (A)
T0-290\$00	†96 TE0	00.014 00.08 00.08 00.002 00.002	601 601 601	əf)	00.0 00.0 00.0 00.0 00.0				TO-ST TO-ST TO-ST	18766 18766 26206	∀٦	TZ 9T/ TZ 9T/ TZ 9T/	20/TT 90/TT 00/TT 50/TT	9T/90/TT 9T/0/TT 9T/E0/TT
		1,01		V			SE CLAIMS	PREFERRED CAR	NON					
NUOMA	CODES	ТИЦОМА	t	CODES	TNUOMA	Ţ	CODES	СНАВСЕЅ	TAT2\	CHGD	ORIG	T09	ЯНТ	ЕВОМ
	ОА ЯЭНТО	11E 0FF	г ок мк	AUTDAЯTИОD	NZIBFE	. KESPON	TAART PATIENT	JATOT	EIFING	CEDURES	с РВО	ICE OBIC	ZEBA	DATES OF
			10	TO-290400	TO-200000	TO-230400	00.00	SE CLAIMS 10.00	PREFERRED CARE CLAIMS FJJEPCHHCZHS FJJEPCHNCHCZHS F	TS-02 80.00 0.00 45 14.62 23 22 12.00 0.00 0.00 45 14.62 23 23 22. 12.00 0.00 0.00 45 14.62 23 23. 23. 12.01 0.00 0.00 45 14.62 23 23. 23. 12.01 0.00 0.00 45 14.62 23 23. 23. 12.01 0.00 0.00 45 14.62 23 23. 23. 12.01 0.00 0.00 45 14.62 23 23. 23. 23. 23. 23. 23. 23. 23. 23.	NON PREFERRED CARE CLAIMS NON PREFERRED CARE CLAIMS NON PREFERRED CARE MEDICARE SUPPLEMENT CLAIMS NON PREFERRED CARE SUPPLEMENT CLAIMS NON PREFERRED CA	120	100 100	10/15/16 21 99232 15-02 80.00 0.00 45 14-62 23 23 21 10/15/16 21 99232 15-02 80.00 0.00 45 14-62 23 25 25 15-02 80.00 0.00 45 14-62 23 25 25 15-02 80.00 0.00 45 14-62 23 25 25 25 15-02 80.00 0.00 45 14-62 23 25 25 25 25 15-02 80.00 0.00 45 14-62 23 25 25 25 25 25 25 25 25 25 25 25 25 25

< CONTINUED > (1000gb

Spall Spall

SHZDHYDOG(1)

REMITTANCE NOTICE

BROVIDER: 1982836045
TAX: 262976526
DATE: 05/11/2017
PARE: 05/11/2017
BAREOLL: REGULAR

NUMBER	ENTS TENT CONTROL		БР СОИТВАС А ЯЭНТО		. ОК МК	CONTRACTUAL	SIBLE	RESPONS	RACT PATIENT	DRIGINAL CONTI		PATIENT EDURES				LOCATION ID PATES OF
TN3MYA9	TNUOMA		CODES	TNUOMA	Î	CODES	TNUOMA	1	CODES	CHARGES	TAT2/	СНСБ	ORIG	TOG	ТНВО	ЕВОМ
							SWI	IENT CL	RESUPPLEM	D CARE MEDICA	EFERRE	иои вв				
71.7 71.7 71.4	01.22 22.72 22.72 20.25	27 23 9800	LLL Z6.	74284X 82.08 82.08 82.08 62.09	5¢		00.0 00.0 00.0		6	777267428AAX 00.20 00.20 00.22 00.081	ZO-ST	18266 18266 NIMO	009	ZZ	4/15/17	04/17/17 0 04/17/17 0 04/17/17 0 211-84767

CFVIW LOLVEZ 04/17/17 04/17/17 51 21T-84/67 14/17/17 51 21T-84/67 218166 00.081 00.89 00.89 00.0 00.0 00.0 70-ST T8-66 70-ST T8-66 70-ST T8-05 777267428AAX

 BBONIDEB:
 TA82838042

 LVX:
 TC930828

 DVLE:
 T386891493

 DVLE:
 QVIT/S012

 BVGE:
 N

 BVAKOFF:
 REGNEW

TWONLEOMEEK WERDONL FOOD STIN-320V WINLOW W BRONNL FOOD TWINEK KEELION BANCHIVLKA VESOCIVLES 21T-84VEV

CLAIMS PAID ON CURRENT REMITTANCE: 14.34

PAYMENT AMOUNT: 14.34

450 RIVERCHASE PARKWAY EAST, BIRMINGHAM, AL 35244, 205-733-7016

173.38

TOTAL PAYMENT INFORMATION **