

Daily Balance

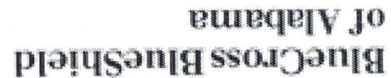
Ticket Number	Patient ID	Patient Name	Batch	Date	Code Source	Payer	Modifiers	Description Method	Deposit Date	Type	Document #	Fee	Units	Total Charge Amount
Payments														
003632	2645	Goodwin, Vernie T	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield EFT	05/10/2017	Payment				\$14.34
003727	884	Gosselt, Annie	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield EFT	05/10/2017	Payment				\$25.32
003735	198	Harrison Sr., Larry L	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield EFT	05/10/2017	Payment				\$9.37
003533	2659	Jenkins, Deleanor E	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield EFT	05/10/2017	Payment				\$39.65
003637	1305	Schodlar, Dorothy M	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield EFT	05/10/2017	Payment				\$84.70
Subtotal Payments														\$173.38
Adjustments														
003632	2645	Goodwin, Vernie T	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield	05/10/2017	Disallowed				\$2.26
003727	884	Gosselt, Annie	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield	05/10/2017	Disallowed				\$4.01
003735	198	Harrison Sr., Larry L	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield	05/10/2017	Disallowed				\$0.75
003533	2659	Jenkins, Deleanor E	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield	05/10/2017	Disallowed				\$6.28
003637	1305	Schodlar, Dorothy M	sbuxton_BC 21603300318:	05/10/2017	Insurance	Alabama Blue Cross Blue Shield		Alabama Blue Cross Blue Shield	05/10/2017	Disallowed				\$6.76
Subtotal Adjustments														\$20.06
Total Payments														\$173.38
Total Adjustments														\$20.06



REMITTANCE NOTICE

PAYROLL: REGULAR
PAGE: 1
DATE: 05/11/2017
PAYEE: 1386891497
TAX: 262976526
PROVIDER: 1003369232

511-84780
RIVER REGION PSYCHIATRY ASSOCIATES
233 WINTON M BLOUNT LOOP
MONTGOMERY AL 36117-3507



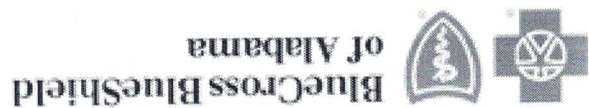
P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

REMITTANCE NOTICE

PAYROLL: REGULAR
PAGE: 2
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LOCATION ID	CLAIM	PATIENT	ORIGINAL CONTRACT	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	OTHER ADJUSTMENTS	OTHER CONTRACT	PATIENT CONTROL	NUMBER	DATES OF SERVICE	ORIG	PROCEDURES	FILING	TOTAL	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	PAYMENT	
511-84780	718-1258917	04/19/17	04/19/17	11	HARRISON	L	XAA809922203	90832	15-02	81.00	0.00	45	34.90	XAA809922203	003735-01	23	36.73				9.37	
NON PREFERRED CARE MEDICARE SUPPLEMENT CLAIMS																						

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REMITTANCE NOTICE

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511-84780
RIVER REGION PSYCHIATRY ASSOCIATES
233 WINTON M BLOUNT LOOP
MONTGOMERY AL 36117-3507

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

REMITTANCE NOTICE

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TAX: 262976526
PROVIDER: 1558332569

515-96300
RIVER REGION PSYCHIATRY ASSOCIATES
233 WINTON M BLOUNT LOOP
MONTGOMERY AL 36117-3507

PAYMENT INFORMATION *****
CLAIMS PAID ON CURRENT REMITTANCE: 149.67

PAYMENT AMOUNT: 149.67

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

P.O. BOX 995
BIRMINGHAM, ALABAMA 35298-0001

LOCATION ID	CLAIM	PATIENT	ORIGINAL CONTRACT	PATIENT RESPONSIBLE	CONTRACTED	OTHER ADJUSTMENTS	OTHER CONTROL NUMBER
FROM	THRU	POT ORIG	CHGD /STAT	CHARGES	CODES	AMOUNT	CODES
↑	AMOUNT	CODES	AMOUNT	CODES	AMOUNT	CODES	AMOUNT
PAYMENT							

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REMITTANCE NOTICE

PAYROLL: REGULAR
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TAX: 262976526
PROVIDER: 1982836045

LOCATION ID	CLAIM	PATIENT	ORIGINAL CONTRACT	PATIENT RESPONSIBLE	CONTRACTUAL OR WRITE OFF	CORRECTED CONTRACT	PATIENT CONTROL NUMBER
511-84767	718-1218166	GOODWIN	V XA824792777	99231 15-02	65.00	30.28	003632-01
04/11/17	04/11/17	21	99231 15-02	65.00	30.28	27.55	7.17
04/12/17	04/12/17	21	99231 15-02	65.00	30.28	27.55	7.17
CLAIM TOTALS				130.00	0.00	60.56	14.34

NON PREFERRED CARE MEDICARE SUPPLEMENT CLAIMS

FROM	THRU	POT	ORIG	CHGD	/STAT	CHARGES	CODES	AMOUNT	CODES	AMOUNT	PAYMENT
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inactive
4/17/17
4/2/14

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REMITTANCE NOTICE

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511-84767
RIVER REGION PSYCHIATRY ASSOCIATES
233 WINTON M BLOUNT LOOP
MONTGOMERY AL 36117-3507

PAYMENT INFORMATION *****
CLAIMS PAID ON CURRENT REMITTANCE:

PAYMENT AMOUNT:

14.34
14.34

FOR QUESTIONS RELATED TO THIS REMITTANCE ADVICE, CONTACT BLUE CROSS AND BLUE SHIELD OF ALABAMA AT 450 RIVERCHASE PARKWAY EAST, BIRMINGHAM, AL 35244, 205-733-7016

** TOTAL PAYMENT INFORMATION **
173.38