

MEDICARE SERVICE CENTER  
4510 13TH AVE S  
FARGO ND 58103  
877-908-8431

MEDICARE  
REMITTANCE  
ADVICE

WILLIAMS EYECARE GROUP LLC  
STE 152  
3250 GATEWAY BLVD  
PRESCOTT, AZ 86303-6857

NPI: 1245378496  
PAGE #: 1 OF 1  
DATE: 09/18/24  
CHECK/EFT #: 896715692

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\* Save time and money and get more detailed information by receiving the \*  
\* Electronic Remittance Advice (ERA) also known as the 835 (5010) Payment \*  
\* Advice. The ERA is a notice of payments and adjustments sent to providers, \*  
\* billers and suppliers and explains the reimbursement decisions of the payer. \*  
\* Go to <http://www.edissweb.com/> to learn how to register for ERA. \*  
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PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BALLARD, ANN					MID 3VK4A94JK95	ACNT 112135				ICN 1124248529950	ASG Y MOA MA01 MA18	
1710007711	0830	083024	11	1.0	99213		89.00	89.00	0.00	17.80 CO-253	1.42	69.78
1710007711	0830	083024	11	1.0	92081		29.00	29.00	0.00	5.80 CO-253	0.46	22.74
PT RESP	23.60				CLAIM TOTALS		118.00	118.00	0.00		1.88	92.52
CLAIM INFORMATION FORWARDED TO: CHAMPVA-VA HEALTH ADMIN CTR												
NET												92.52
NAME DAVIS, VALERIE					MID 3JQ9PM8KW10	ACNT 112131				ICN 1124248529930	ASG Y MOA MA01 MA18	
1710007711	0830	083024	11	1.0	99213		89.00	89.00	0.00	17.80 CO-253	1.42	69.78
PT RESP	17.80				CLAIM TOTALS		89.00	89.00	0.00		1.42	69.78
CLAIM INFORMATION FORWARDED TO: NATL ELEVATOR INDUSTRY HEAL												
NET												69.78
NAME NELSON, SUSAN					MID 9MR5ND9GV80	ACNT 112133				ICN 1124248529940	ASG Y MOA MA01 MA18	
1710007711	0830	083024	11	1.0	99203		110.00	109.41	0.00	21.88 CO-45 CO-253	0.59 1.75	85.78
PT RESP	21.88				CLAIM TOTALS		110.00	109.41	0.00		2.34	85.78
CLAIM INFORMATION FORWARDED TO: INSURANCE ADMIN SOLUTIONS,												
NET												85.78
NAME THOMPSON, SUSAN C					MID 3KK1HP1MK25	ACNT 111920				ICN 1124248529920	ASG Y MOA MA01 MA18	
1710007711	0816	081624	11	1.0	99213		89.00	89.00	0.00	17.80 CO-253	1.42	69.78
PT RESP	17.80				CLAIM TOTALS		89.00	89.00	0.00		1.42	69.78
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.												
NET												69.78

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	406.00	405.41	0.00	81.08	7.06	317.86	0.00	317.86

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes  
CO Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.  
253 Sequestration - reduction in federal payment.  
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.  
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.  
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

