

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 2
DATE: 09/20/24
CHECK/EFT #: 896724411

* 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. *

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	COOLEY, CRAIG				MID 5G30EY8NM01	ACNT	112172			ICN 1124250296790	ASG Y MOA MA01 MA18	
1710007711	0903 090324	11		1.0	99213		89.00	89.00	0.00	17.80 CO-253	1.42	69.78
1710007711	0903 090324	11		1.0	92083		75.00	62.00	0.00	12.40 CO-45	13.00	48.61
										CO-253	0.99	
PT RESP	30.20				CLAIM TOTALS		164.00	151.00	0.00	30.20	15.41	118.39
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												NET 118.39
NAME	HARANT, SUSAN				MID 5JR4YQ1RU97	ACNT	112173			ICN 1124250296800	ASG Y MOA MA01 MA18	
1710007711	0904 090424	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	17.80	1.42	69.78
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												NET 69.78
NAME	KAMBEITZ, GEORGE				MID 7H98V07WC39	ACNT	112187			ICN 1124250296840	ASG Y MOA MA01 MA18	
1710007711	0904 090424	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	17.80	1.42	69.78
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												NET 69.78
NAME	KAMBEITZ, SUSAN				MID 8MJ1H32NC27	ACNT	112186			ICN 1124250296830	ASG Y MOA MA01 MA18	
1710007711	0904 090424	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	17.80	1.42	69.78
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												NET 69.78
NAME	WILLIAMS, BRITTMARI				MID 7CA9RC0FN58	ACNT	112183			ICN 1124250296810	ASG Y MOA MA01 MA18	
1710007711	0904 090424	11		1.0	99213		89.00	89.00	0.00	17.80 CO-253	1.42	69.78
1710007711	0904 090424	11		1.0	92083		75.00	62.00	0.00	12.40 CO-45	13.00	48.61
										CO-253	0.99	
1710007711	0904 090424	11		1.0	92133 51		45.00	32.66	0.00	6.53 CO-45	9.37	25.61
										CO-253	0.52	
										CO-59	2.97	
PT RESP	36.73				CLAIM TOTALS		209.00	183.66	0.00	36.73	28.27	144.00
CLAIM INFORMATION FORWARDED TO: BLUE CROSS OF CALIFORNIA												NET 144.00
NAME	WILLIAMS, ROGER				MID 5GK2QK1XD89	ACNT	112185			ICN 1124250296820	ASG Y MOA MA01 MA18	
1710007711	0904 090424	11		1.0	99213		89.00	89.00	0.00	17.80 CO-253	1.42	69.78
1710007711	0904 090424	11		1.0	92250		75.00	36.28	0.00	7.26 CO-45	38.72	28.44
										CO-253	0.58	
PT RESP	25.06				CLAIM TOTALS		164.00	125.28	0.00	25.06	40.72	98.22
CLAIM INFORMATION FORWARDED TO: BLUE CROSS OF CALIFORNIA												NET 98.22

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	6	804.00	726.94	0.00	145.39	88.66	569.95	0.00	569.95

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.

MEDICARE SERVICE CENTER

896724411 000003676

MEDICARE

NPI: 1245378496

WILLIAMS EYECARE GROUP LLC

REMITTANCE

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ADVICE

59 Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.