

MEDICARE
REMITTANCE
ADVICE

NPI: 1134872500
PAGE #: 1 OF 6
DATE: 05/15/23
CHECK/EFT #: 898538103

+ SOUTHWEST LAB CORP
+ STE A
+ 504 GLENN AVE
+ WHEELING, IL 60090-6016

+ 2 +	PERF	PROV	SERV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS		GRP/RC-AMT	PROV PD
	NAME	ABOWITT, BEVERLY			MID	5JV1WT0EQ17		ACNT	3041505813			ICN	0223122211960	ASG Y MOA MA01	
		0420 042023 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92 NET	94.08
	NAME	ADAMS, LAURETTA			MID	2GJ9D02DH12		ACNT	3041506951			ICN	0923122077860	ASG Y MOA MA01	
		0425 042523 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92 NET	94.08
	NAME	ALICEA, GREY			MID	1KH5C84XM54		ACNT	3041506800			ICN	0223122214740	ASG Y MOA MA01	
		0421 042123 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92 NET	94.08
	NAME	BIRMINGHAM, JAMES			MID	9EU4XH5KQ86		ACNT	3041505866			ICN	0223122212340	ASG Y MOA MA01	
		0425 042523 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92 NET	94.08
	NAME	BOYCE, BEVERLY			MID	1NC4GD1XV76		ACNT	3041505517			ICN	0223122404470	ASG Y MOA MA01	
		0425 042523 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92 NET	94.08
	NAME	BRANN, TERESA			MID	5X11AH7HH36		ACNT	3041505563			ICN	0223122404890	ASG Y MOA MA01 MA07	
		0425 042523 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92	94.08
	CLAIM INFORMATION FORWARDED TO:	MAINECARE													
														NET	94.08
	NAME	BRITTO, CHERYL			MID	5HV5FP1CM83		ACNT	3041506182			ICN	0223122211840	ASG Y MOA MA01	
		0422 042223 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92 NET	94.08
	NAME	BROWN, PATRICIA			MID	2GA2K23RG24		ACNT	3041506195			ICN	0223122211740	ASG Y MOA MA01	
		0422 042223 81			8.0 K1034				120.00	96.00	0.00	0.00 CO-45	24.00	1.92	94.08
	PT RESP	0.00			CLAIM TOTALS				120.00	96.00	0.00	0.00	CO-253	25.92 NET	94.08
	NAME	CALVO, PEDRO			MID	7AC6A34EW66		ACNT	3041505847			ICN	0223122212070	ASG Y MOA MA01 MA07	
		0424 042423 81			8.0 K1034				120.00	96.00	0.00</				

	CHECK/EFT #:898538103						05/15/23		PAGE #: 2 OF 6				REMITTANCE			
+3	PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	ADVCE PROV PD			
+																
	NAME CATALDI, ANTHONY 0421 042123 81				MID 7Q50RE0WV29 8.0 K1034	ACNT 3041505841		120.00	96.00	0.00	ICN 0223122211640 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME CHIORI, GEORGE 0421 042123 81				MID 2UH1E99AC36 8.0 K1034	ACNT 3041505935		120.00	96.00	0.00	ICN 0223122212260 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	MA07 94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92	94.08		
	CLAIM INFORMATION FORWARDED TO: NJ DEPARTMENT OF HUMAN SERV															
+														NET	94.08	
	NAME CINTRON, YVONNE 0425 042523 81				MID 6CN2V80DX07 8.0 K1034	ACNT 3041505886		120.00	96.00	0.00	ICN 0223122211660 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME COLLE, MICHAEL 0421 042123 81				MID 8QX3HP2HC08 8.0 K1034	ACNT 3041506972		120.00	96.00	0.00	ICN 0923122078730 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME CONWARD, LYNELL R 0425 042523 81				MID 3JC3AW9RJ97 8.0 K1034	ACNT 3041506787		120.00	96.00	0.00	ICN 0223122214120 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME COOKS, JOSEPH 0425 042523 81				MID 9PF0PD8KG18 8.0 K1034	ACNT 3041505385		120.00	96.00	0.00	ICN 0223122404780 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME CURRY, BARBARA 0425 042523 81				MID 8P47CV8CK71 8.0 K1034	ACNT 3041505434		120.00	96.00	0.00	ICN 0223122404750 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME DAGOSTINO, JOSEPH D 0421 042123 81				MID 3YE8Y00GH47 8.0 K1034	ACNT 3041505793		120.00	96.00	0.00	ICN 0223122213930 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME DANIELS, MARY 0425 042523 81				MID 8UC6YW1EK78 8.0 K1034	ACNT 3041505244		120.00	96.00	0.00	ICN 0223122404820 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME DIAZ, JENNY 0421 042123 81				MID 6F64Q89DR60 8.0 K1034	ACNT 3041507052		120.00	96.00	0.00	ICN 0923122078310 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92 NET	94.08		
	NAME DIAZ, MIOSOTIS 0425 042523 81				MID 9VC1R59QY19 8.0 K1034	ACNT 3041505491		120.00	96.00	0.00	ICN 0223122404510 0.00 CO-45 CO-253	ASG Y MOA MA01	24.00 1.92	MA07 94.08		
	PT RESP		0.00		CLAIM TOTALS			120.00	96.00	0.00	0.00		25.92	94.08		
	CLAIM INFORMATION FORWARDED TO: MASSACHUSETTS HEALTH															
+														NET	94.08	
!																
L	P2PE0196															
1	NATIONAL GOVERNMENT SERVICES, INC.										898538103 000005841					
+																
	NPI:				1134872500				SOUTHWEST LAB CORP				MEDICARE			
+															REMITTANCE	
	CHECK/EFT #:898538103						05/15/23		PAGE #: 3 OF 6							
+3	PERF	PROV	SERV DATE	POS	NOS	PROC										

	0425 042523 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	1.92	94.08
								25.92	94.08
								NET	94.08
NAME GALLAGHER, MARY B	MID 2DP6DY2XH65	ACNT 3041506415		ICN 0223122213460	ASG Y	MOA	MA01		
0425 042523 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
NAME GAUVIN, THERESA	MID 4JD5PW9MD63	ACNT 3041506737		ICN 0223122213410	ASG Y	MOA	MA01	MA07	
0425 042523 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
CLAIM INFORMATION FORWARDED TO: MAINECARE							NET	94.08	
NAME GRAHAM, JAMES	MID 4CQ1UD2KC22	ACNT 3041505953		ICN 0223122211750	ASG Y	MOA	MA01		
0421 042123 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
NAME GREEN, WENDY	MID 6WJ6VC9FH62	ACNT 3041506043		ICN 0223122213920	ASG Y	MOA	MA01	MA07	
0422 042223 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
CLAIM INFORMATION FORWARDED TO: WA MEDICAID-COORDINATED CAR							NET	94.08	
NAME HENEN, THARWAT	MID 7MV4VM2GW82	ACNT 3041506971		ICN 0923122077790	ASG Y	MOA	MA01	MA07	
0422 042223 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
CLAIM INFORMATION FORWARDED TO: MASSACHUSETTS HEALTH							NET	94.08	
NAME HERNANDEZ, ARELYS	MID 7V68W94FW42	ACNT 3041505485		ICN 0223122404720	ASG Y	MOA	MA01		
0422 042223 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
NAME HERNDON, ADNER	MID 9TR0FG4AQ24	ACNT 3041505685		ICN 0223122212180	ASG Y	MOA	MA01		
0425 042523 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
NAME HOCKENBURY, LOIS	MID 9FR2M86AJ19	ACNT 3041505643		ICN 0223122211570	ASG Y	MOA	MA01		
0425 042523 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
NAME HOLMES, LINDA	MID 9AQ0EM5KN01	ACNT 3041506845		ICN 0223122214490	ASG Y	MOA	MA01		
0425 042523 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
1	NATIONAL GOVERNMENT SERVICES, INC.			898538103 000005842				MEDICARE	
+	NPI: 1134872500			SOUTHWEST LAB CORP				REMITTANCE	
+	CHECK/EFT #:898538103			PAGE #: 4 OF 6				ADVICE	
+								PROV PD	
3	PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED
+									
	NAME HOYT, JANET E	MID 8QK5X88AT61	ACNT 3041505859	ICN 0223122211650	ASG Y	MOA	MA01		
	0421 042123 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08
							CO-253	1.92	
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
NAME HUNTER, MORRIS	MID 9DY7CN0NM56	ACNT 3041507083		ICN 0923122078620	ASG Y	MOA	MA01		
0424 042423 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
							NET	94.08	
NAME JACKSON, EILEEN	MID 8G67CJ1VQ66	ACNT 3041505925		ICN 0223122211440	ASG Y	MOA	MA01	MA07	
0425 042523 81	8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	94.08	
						CO-253	1.92		
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	25.92	94.08	
CLAIM INFORMATION FORWARDED TO: MASSACHUSETTS HEALTH							NET	94.08	

NAME KNOSKE, RONALD 0424 042423 81	MID 2FH6V03RR60 8.0 K1034	ACNT 3041506031 120.00	96.00	ICN 0223122212550 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME LEVINE, ADELLE 0425 042523 81	MID 6H01VH9DG94 8.0 K1034	ACNT 3041505304 120.00	96.00	ICN 0223122404570 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME LITTLE, PAMELA 0424 042423 81	MID 4W49WF0GP14 8.0 K1034	ACNT 3041506371 120.00	96.00	ICN 0223122213500 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME MARX, MATTHEW 0424 042423 81	MID 3JH4U07ED67 8.0 K1034	ACNT 3041506262 120.00	96.00	ICN 0223122211940 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME MCCORMICK, ANDREA 0422 042223 81	MID 8UQ3QK1VA71 8.0 K1034	ACNT 3041505681 120.00	96.00	ICN 0223122211990 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME MELE, DONNA 0421 042123 81	MID 2X34PE1RC63 8.0 K1034	ACNT 3041507200 120.00	96.00	ICN 0923122077810 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME MICHAUD, BERTHA 0421 042123 81	MID 7X28EJ0QC62 8.0 K1034	ACNT 3041505816 120.00	96.00	ICN 0223122211500 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME MINERLY, MARK 0422 042223 81	MID 4GY9TY2DU23 8.0 K1034	ACNT 3041505900 120.00	96.00	ICN 0223122212140 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
! L P2PE0196 1 NATIONAL GOVERNMENT SERVICES, INC. 898538103 000005843 + NPI: 1134872500 SOUTHWEST LAB CORP MEDICARE + CHECK/EFT #:898538103 05/15/23 PAGE #: 5 OF 6 REMITTANCE + ADVICE 3 PERF PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PROV PD +								
NAME MOHAN, GENE 0422 042223 81	MID 8TP3MR4CH96 8.0 K1034	ACNT 3041507292 120.00	96.00	ICN 0923122078600 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME MORGAN, MONICA F 0422 042223 81	MID 9V67HK1FR20 8.0 K1034	ACNT 3041506676 120.00	96.00	ICN 0223122214640 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME MORRIS, JOAN 0420 042023 81	MID 1YX5N83EX74 8.0 K1034	ACNT 3041505660 120.00	96.00	ICN 0223122211890 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME NEWELL, SHIRLEY 0421 042123 81	MID 7K49F03YC44 8.0 K1034	ACNT 3041507094 120.00	96.00	ICN 0923122078680 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME PEDERSEN, GEORGE M 0425 042523 81	MID 3XR8AA1CM51 8.0 K1034	ACNT 3041506833 120.00	96.00	ICN 0923122077960 0.00	0.00	CO-45 CO-253	ASG Y MOA MA01 24.00 1.92 25.92 NET	94.08 94.08
PT RESP 0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00			
NAME PELTON, DONNA 0422 042223 81	MID 8T08FJ8QY67 8.0 K1034	ACNT 3041505668 120.00	96.00	ICN 0223122212240 0.00	0.00	CO-45	ASG Y MOA MA01 MA07 24.00	94.08

PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	1.92	25.92	94.08
CLAIM INFORMATION FORWARDED TO: NJ DEPARTMENT OF HUMAN SERV									NET	94.08
+										
NAME PENTA, MICHELE		MID 8YG4HP4QC74	ACNT 3041505467		ICN 0223122404870	ASG Y	MOA MA01	MA07		
0422 042223 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
CLAIM INFORMATION FORWARDED TO: MASSACHUSETTS HEALTH									NET	94.08
+										
NAME R ALEXANDER, SUSAN S		MID 3UC4G14NH76	ACNT 3041505556		ICN 0223122404480	ASG Y	MOA MA01			
0424 042423 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08
NAME RAJVAIDYA, REKHA		MID 2QP5D04PK40	ACNT 3041506206		ICN 0223122211910	ASG Y	MOA MA01			
0424 042423 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08
NAME RAPOZA, ROBERT		MID 6V26FM0WF74	ACNT 3041506253		ICN 0223122211730	ASG Y	MOA MA01			
0422 042223 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08
1 NATIONAL GOVERNMENT SERVICES, INC.					898538103 000005844					
+ NPI: 1134872500					SOUTHWEST LAB CORP			MEDICARE		
+ CHECK/EFT #:898538103					05/15/23			PAGE #: 6 OF 6		
+ 3 PERFORM					ADVISE			REMITTANCE		
+ 3 PROV					PROV PD					
NAME REYNOLDS, MARY		MID 8XK5W90PT51	ACNT 3041506003		ICN 0223122211860	ASG Y	MOA MA01			
0424 042423 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08
NAME ROBINSON, MAXINE		MID 6UD3X73XE84	ACNT 3041505191		ICN 0223122404650	ASG Y	MOA MA01			
0424 042423 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08
NAME RODRIGUEZ, GILBERTO		MID 2T00CR5QY47	ACNT 3041506334		ICN 0223122213580	ASG Y	MOA MA01	MA07		
0424 042423 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
CLAIM INFORMATION FORWARDED TO: MASSACHUSETTS HEALTH									NET	94.08
+										
NAME ROMANO, THOMAS		MID 9MA9V34KH45	ACNT 3041507026		ICN 0923122078800	ASG Y	MOA MA01			
0422 042223 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08
NAME WILMOT, HELEN		MID 2RD5F56RG86	ACNT 3041506557		ICN 0223122214240	ASG Y	MOA MA01			
0421 042123 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08
NAME WOLLIN, NAN C		MID 2H07F80HA59	ACNT 3041505960		ICN 0223122213950	ASG Y	MOA MA01			
0425 042523 81		8.0 K1034	120.00	96.00	0.00	0.00	CO-45	24.00	1.92	94.08
PT RESP	0.00	CLAIM TOTALS	120.00	96.00	0.00	0.00	CO-253	25.92		94.08
									NET	94.08

0 TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
0 GLOSSARY:	Group, CO	58	6960.00	5568.00	0.00	0.00	1503.36	5456.64	0.00

Reason, MOA, Remark and Adjustment Codes
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

MA07
MA27

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.
Alert: The claim information has also been forwarded to Medicaid for review.
Missing/incomplete/invalid entitlement number or name shown on the claim.