

**EXPLANATION OF PAYMENT**

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741
1-877-391-5921

Payment Date: 4/20/2018
Payment #: 0900213214
Payment Amt: \$2,460.82

PAY TO:
RESTORATIVE PEDIATRICS
7330 SAN PEDRO AVE
STE 810
SAN ANTONIO, TX 78216

Payee ID: 147785
IRS#: 742948798

Insured Name:	CONTRERAS, NATHANIEL	Mbr No:	528256825	MRN:	P01000037555	Claim/Ctrl No:	R102TXE64920
Patient Name:	CONTRERAS, NATHANIEL	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6GYLDXW-297667
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/11/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	CONTRERAS, NATHANIEL	Mbr No:	528256825	MRN:	P01000037555	Claim/Ctrl No:	R103TXE59704
Patient Name:	CONTRERAS, NATHANIEL	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6H3FKGG-297804
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	CRUZ, ALEXANDER	Mbr No:	610933690	MRN:	P01000039211	Claim/Ctrl No:	R103TXE59743
Patient Name:	CRUZ, ALEXANDER	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6H3FKGH-297790
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

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Insured Name:	DELANGEL, ELIJAH	Mbr No:	719523839	MRN:	P01000039158	Claim/Ctrl No:	R102TXE64924
Patient Name:	DELANGEL, ELIJAH	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6GYLDXY-297652
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/11/2018	97110	GP U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
Sub-total					\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

Insured Name:	GARZAIV, CIRO	Mbr No:	610469898	MRN:	P01000039147	Claim/Ctrl No:	R103TXE59712
Patient Name:	GARZAIV, CIRO	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6H3FKGK-297794
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:	HERNANDEZ, CYRUS	Mbr No:	610887347	MRN:	P01000037677	Claim/Ctrl No:	R103TXE59707
Patient Name:	HERNANDEZ, CYRUS	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6H3FKGJ-297802
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'l Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
Sub-total					\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

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Insured Name:	LEWIS, CAMERON	Mbr No:	625287177	MRN:	P01000039359	Claim/Ctrl No:	R102TXE64825
Patient Name:	LEWIS, CAMERON	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6GYLDXX-297649
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/11/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
Sub-total					\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:	MATAMOROS, DAMIEN	Mbr No:	522709604	MRN:	RPCCP15005-0	Claim/Ctrl No:	R102TXE64838
Patient Name:	MATAMOROS, DAMIEN	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6GYJV37-RP2292-04
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/11/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
0200	4/11/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
Sub-total					\$1,344.00	\$1,035.84	\$0.00 \$0.00	\$308.16 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,035.84 \$0.00

Insured Name:	MATAMOROS, DAMIEN	Mbr No:	522709604	MRN:	RPCCP15005-0	Claim/Ctrl No:	R103TXE59744
Patient Name:	MATAMOROS, DAMIEN	SvcProv No:	147785	Carrier:	FC	PatCtrl No:	6H3FTGL-RP2292-05
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368			Group:	FOSTER CARE - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	T1000	TE UA	76.00	\$1,064.00	\$674.12	\$0.00 \$0.00	\$389.88 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$674.12 \$0.00
0200	4/12/2018	T1000	TD UA	20.00	\$280.00	\$254.20	\$0.00 \$0.00	\$25.80 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$254.20 \$0.00
Sub-total					\$1,344.00	\$928.32	\$0.00 \$0.00	\$415.68 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$928.32 \$0.00
Total					\$3,869.25	\$2,460.82	\$0.00 \$0.00	\$1,408.43 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$2,460.82 \$0.00

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<u>Explanation Code</u>	<u>Description</u>
92	PAID IN FULL

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Payee ID: 147785

BEGINNING NEGATIVE SERVICES BALANCE:	\$0.00
BEGINNING PREPAYMENT BALANCE:	\$0.00
TOTAL BEGINNING BALANCE:	\$0.00
CLAIM PAID THIS RUN:	\$2,460.82
EFT/PAYMENT AMOUNT:	\$2,460.82

Payment is being made electronically; no paper check will be issued.

IMPORTANT INFORMATION**NPI is Now Required for All Providers.**

For claim inquiries: 1-877-391-5921

Send claims submissions to:
Claims Department
Superior HealthPlan
P.O. Box 3003
Farmington, MO 63640

Send appeals to:
Appeals Department
Superior HealthPlan
P.O. Box 3000
Farmington, MO 63640

Notice to providers: EOPs are now combined into one single EOP for CHIP, STAR, STAR+ and Perinate

If you would like to report provider or client fraud or abuse, please call

- Superior HealthPlan Fraud Hotline: 1-866-685-8664
- Texas Office of Inspector General (TX-OIG) Fraud Hotline: 1-800-436-6184

Due to a new federal mandate, all Texas Medicaid providers must periodically re-enroll in Texas Medicaid. For more information, please visit the provider page of the Texas Medicaid & Healthcare Partnership (TMHP) website at www.tmhp.com or call 1-800-925-9126.

In our efforts towards Going Green, an electronic copy of the provider newsletter will be posted quarterly at www.superiorhealthplan.com on the Provider Home page, or you can request a hard copy by calling 1-877-391-5921 and selecting option 3.