



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

EXPLANATION OF PAYMENT

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

Payment Date: 4/24/2018
 Payment #: 0902970661
 Payment Amt: \$496.66

Payee ID: 105108
 IRS#: 742948798

Insured Name:	DOMINGUEZ, VALERIA	Mbr No:	522115146	MRN:	A03000008940	Claim/Ctrl No:	R106TXE67424
Patient Name:	DOMINGUEZ, VALERIA	SvcProv No:	105108	Carrier:	CE	PatCtrl No:	6H655XH-297855
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	RSA - SOUTHERN REGION

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	4/13/2018	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
0200	4/14/2018	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					\$350.00	\$132.44	\$0.00 \$0.00	\$217.56 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$132.44 \$0.00

Insured Name:	DURAN, GENESIS	Mbr No:	613047496	MRN:	A03000039254	Claim/Ctrl No:	R107TXE66620
Patient Name:	DURAN, GENESIS	SvcProv No:	105108	Carrier:	MD	PatCtrl No:	6H8SC62-297986
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	STAR - HIDALGO

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	4/16/2018	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:	DURAN, EVELYN	Mbr No:	610406236	MRN:	A03000039253	Claim/Ctrl No:	R107TXE66626
Patient Name:	DURAN, EVELYN	SvcProv No:	105108	Carrier:	MD	PatCtrl No:	6H8SC63-297987
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	STAR - HIDALGO

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	4/16/2018	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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RESTORATIVE HEALTH CARE

Payee ID: 105108

Insured Name:	LOPEZ, IKER	Mbr No:	701342456	MRN:	A03000037219	Claim/Ctrl No:	R106TXE67426
Patient Name:	LOPEZ, IKER	SvcProv No:	105108	Carrier:	MD	PatCtrl No:	6H655L9-297852
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	STAR - HIDALGO

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	97530	GO UB	3.00	\$131.25	\$49.67	\$0.00 \$0.00	\$81.58 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$49.67 \$0.00
Sub-total					\$131.25	\$49.67	\$0.00 \$0.00	\$81.58 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$49.67 \$0.00

Insured Name:	PEREZ-NAHUAT, HARRY	Mbr No:	526658776	MRN:	A03000037544	Claim/Ctrl No:	R106TXE67421
Patient Name:	PEREZ-NAHUAT, HARRY	SvcProv No:	105108	Carrier:	MD	PatCtrl No:	6H655PP-297850
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	STAR - HIDALGO

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	4/14/2018	97530	GO UB	3.00	\$131.25	\$49.67	\$0.00 \$0.00	\$81.58 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$49.67 \$0.00
Sub-total					\$131.25	\$49.67	\$0.00 \$0.00	\$81.58 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$49.67 \$0.00

Insured Name:	PEREZ-NAHUAT, HARRY	Mbr No:	526658776	MRN:	A03000037544	Claim/Ctrl No:	R106TXE67430
Patient Name:	PEREZ-NAHUAT, HARRY	SvcProv No:	105108	Carrier:	MD	PatCtrl No:	6H655PN-297849
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	STAR - HIDALGO

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	4/13/2018	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
0200	4/15/2018	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					\$350.00	\$132.44	\$0.00 \$0.00	\$217.56 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$132.44 \$0.00
Total					\$1,312.50	\$496.66	\$0.00 \$0.00	\$815.84 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$496.66 \$0.00

Explanation Code **Description**

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PAID IN FULL

EXPLANATION OF PAYMENT

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

Payment Date:	4/24/2018
Payment #:	0902970661
Payment Amt:	\$496.66

PROVIDER NAME: RESTORATIVE HEALTH CARE

Payee ID: 105108

BEGINNING NEGATIVE SERVICES BALANCE:	\$0.00
BEGINNING PREPAYMENT BALANCE:	\$0.00
TOTAL BEGINNING BALANCE:	\$0.00
CLAIM PAID THIS RUN:	\$496.66
EFT/PAYMENT AMOUNT:	\$496.66

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.