

**EXPLANATION OF PAYMENT**

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

Payment Date: 4/23/2018

Payment #:

Payment Amt: \$0.00

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

Payee ID: 147785

IRS#: 742948798

Insured Name:	DUGAN, ADELYNE	Mbr No:	718053553	MRN:	RPCCP1054	Claim/Ctrl No:	R086TXE54716
Patient Name:	DUGAN, ADELYNE	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6FQTJ4W-RP2215-20
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-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
0101	3/22/2018	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	JU	\$-610.08 \$0.00
0201	3/22/2018	T1000	TE UA	40.00	\$-560.00	\$-354.80	\$0.00 \$0.00	\$-205.20 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	JU	\$-354.80 \$0.00
0301	3/23/2018	T1000	TD UA	92.00	\$-1,288.00	\$-1,169.32	\$0.00 \$0.00	\$-118.68 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	JU	\$-1,169.32 \$0.00
0401	3/24/2018	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	JU	\$-610.08 \$0.00
0501	3/24/2018	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	JU	\$-425.76 \$0.00
0601	3/25/2018	T1000	TD UA	28.00	\$-392.00	\$-355.88	\$0.00 \$0.00	\$-36.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	JU	\$-355.88 \$0.00
0701	3/26/2018	T1000	TE UA	45.00	\$-630.00	\$-399.15	\$0.00 \$0.00	\$-230.85 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	JU	\$-399.15 \$0.00
Sub-total					\$-4,886.00	\$-3,925.07	\$0.00 \$0.00	\$-960.93 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$-3,925.07 \$0.00

Insured Name:	DUGAN, ADELYNE	Mbr No:	718053553	MRN:	RPCCP1054	Claim/Ctrl No:	R086TXE54716
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Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-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
0102	3/22/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$672.00	0B	\$0.00 \$0.00
0202	3/22/2018	T1000	TE UA	40.00	\$560.00	\$354.80	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$560.00	0B	\$0.00 \$0.00
0302	3/23/2018	T1000	TD UA	92.00	\$1,288.00	\$1,169.32	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$1,288.00	0B	\$0.00 \$0.00
0402	3/24/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$672.00	0B	\$0.00 \$0.00

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RESTORATIVE PEDIATRICS

Payee ID: 147785

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
0502	3/24/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$672.00	0B	\$0.00 \$0.00
0602	3/25/2018	T1000	TD UA	28.00	\$392.00	\$355.88	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$392.00	0B	\$0.00 \$0.00
0702	3/26/2018	T1000	TE UA	45.00	\$630.00	\$399.15	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$630.00	0B	\$0.00 \$0.00
Sub-total					\$4,886.00	\$3,925.07	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$4,886.00		\$0.00 \$0.00

Insured Name:	MYRES, JOSHUA	Mbr No:	529330291	MRN:	RPCCP1021-02	Claim/Ctrl No:	R093TXE05534
Patient Name:	MYRES, JOSHUA	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6G5J53F-RP2250-18
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-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
0101	4/1/2018	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	JU	\$-610.08 \$0.00
0201	4/1/2018	T1000	TE UA	32.00	\$-448.00	\$-283.84	\$0.00 \$0.00	\$-164.16 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	JU	\$-283.84 \$0.00
Sub-total					\$-1,120.00	\$-893.92	\$0.00 \$0.00	\$-226.08 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$-893.92 \$0.00

Insured Name:	MYRES, JOSHUA	Mbr No:	529330291	MRN:	RPCCP1021-02	Claim/Ctrl No:	R093TXE05534
Patient Name:	MYRES, JOSHUA	SvcProv No:	147785	Carrier:	FK	PatCtrl No:	6G5J53F-RP2250-18
Servicing Provider:	RESTORATIVE PEDIATRICS	NPI:	1962606368	Group: TEXAS STAR Kids-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
0102	4/1/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$672.00	0B	\$0.00 \$0.00
0202	4/1/2018	T1000	TE UA	32.00	\$448.00	\$283.84	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$448.00	0B	\$0.00 \$0.00
Sub-total					\$1,120.00	\$893.92	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$1,120.00		\$0.00 \$0.00
Total					\$0.00	\$0.00	\$0.00 \$0.00	\$-1,187.01 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$6,006.00		\$-4,818.99 \$0.00

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RESTORATIVE PEDIATRICS

Payee ID: 147785

<u>Explanation Code</u>	<u>Description</u>
0B	ADJUST: CLAIM TO BE RE-PROCESSED CORRECTED UNDER NEW CLAIM NUMBER
JU	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM

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RESTORATIVE PEDIATRICS

Payee ID: 147785

BEGINNING NEGATIVE SERVICES BALANCE:	\$4,818.99
BEGINNING PREPAYMENT BALANCE:	\$0.00
TOTAL BEGINNING BALANCE:	\$4,818.99
CLAIM PAID THIS RUN:	\$-4,818.99
EFT/PAYMENT AMOUNT:	\$0.00

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.