

**EXPLANATION OF PAYMENT**

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

Payment Date: 4/20/2018
Payment #: 0900213089
Payment Amt: \$2,977.12

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

Payee ID: 105108
IRS#: 742948798

Insured Name:	MORENO, SEBASTIAN	Mbr No:	613338382	MRN:	VCCP0024-01	Claim/Ctrl No:	R102TXE64952
Patient Name:	MORENO, SEBASTIAN	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6GYLK6R-2260-22
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - MCALLEN

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	3/9/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
0200	3/10/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
0300	3/11/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
Sub-total					\$1,680.00	\$970.80	\$0.00 \$0.00	\$709.20 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$970.80 \$0.00

Insured Name:	MORENO, SEBASTIAN	Mbr No:	613338382	MRN:	VCCP0024-01	Claim/Ctrl No:	R102TXE64956
Patient Name:	MORENO, SEBASTIAN	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6GYFLYL-2260-20
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - MCALLEN

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	4/9/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
Sub-total					\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$323.60 \$0.00

Insured Name:	MORENO, SEBASTIAN	Mbr No:	613338382	MRN:	VCCP0024-01	Claim/Ctrl No:	R102TXE64961
Patient Name:	MORENO, SEBASTIAN	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6GYLKR4-2260-23
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - MCALLEN

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	3/19/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
Sub-total					\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$323.60 \$0.00

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RESTORATIVE HEALTH CARE

Payee ID: 105108

Insured Name:	MORENO, SEBASTIAN	Mbr No:	613338382	MRN:	VCCP0024-01	Claim/Ctrl No:	R102TXE64967
Patient Name:	MORENO, SEBASTIAN	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6GYFH4D-2260-19
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - MCALLEN

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	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
Sub-total					\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$323.60 \$0.00

Insured Name:	MORENO, SEBASTIAN	Mbr No:	613338382	MRN:	VCCP0024-01	Claim/Ctrl No:	R103TXE47853
Patient Name:	MORENO, SEBASTIAN	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6H2VQVH-2260-25
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - MCALLEN

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	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
Sub-total					\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$323.60 \$0.00

Insured Name:	MORENO, SEBASTIAN	Mbr No:	613338382	MRN:	VCCP0024-01	Claim/Ctrl No:	R103TXE47860
Patient Name:	MORENO, SEBASTIAN	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6H2PWYD-2260-24
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - MCALLEN

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	4/4/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
Sub-total					\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$323.60 \$0.00

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RESTORATIVE HEALTH CARE

Payee ID: 105108

Insured Name:	NUSSER, MELODIE	Mbr No:	707691407	MRN:	A06000039535	Claim/Ctrl No:	R102TXE64886
Patient Name:	NUSSER, MELODIE	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6GYJL7H-297605
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - AUSTIN

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	4/4/2018	92522	GN	1.00	\$315.00	\$105.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$315.00	hf	\$0.00 \$0.00
Sub-total					\$315.00	\$105.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$315.00		\$0.00 \$0.00

Insured Name:	TERAN, CHRISTIAN	Mbr No:	715276186	MRN:	1056	Claim/Ctrl No:	R102TXE64958
Patient Name:	TERAN, CHRISTIAN	SvcProv No:	105108	Carrier:	FC	PatCtrl No:	6GYFLYM-2277-04
Servicing Provider:	RESTORATIVE HEALTH CARE	NPI:	1760486542			Group:	FOSTER CARE - MCALLEN

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	4/9/2018	T1000	TE	48.00	\$672.00	\$388.32	\$0.00 \$0.00	\$283.68 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$388.32 \$0.00
Sub-total					\$672.00	\$388.32	\$0.00 \$0.00	\$283.68 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$388.32 \$0.00
Total					\$5,467.00	\$3,082.12	\$0.00 \$0.00	\$2,174.88 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$315.00		\$2,977.12 \$0.00

Explanation Code**Description**

92	PAID IN FULL
hf	DENY: NO AUTHORIZATION FOUND FOR PROCEDURE BILLED

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BEGINNING NEGATIVE SERVICES BALANCE:	\$0.00
BEGINNING PREPAYMENT BALANCE:	\$0.00
TOTAL BEGINNING BALANCE:	\$0.00
CLAIM PAID THIS RUN:	\$2,977.12
EFT/PAYMENT AMOUNT:	\$2,977.12

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.