Charge Batch Cover Sheet - EXTERNAL

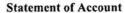
PRACTICE SHORT NAME:	AWC
BATCH NAME:	$C = \frac{2}{2} \cdot \frac{1}{2} \cdot \frac{8}{2} \cdot \frac{1}{2} \cdot \frac{2}{2} \cdot $
ВАТСН ТҮРЕ:	□ Accidents □ Nursing Home □ HHAC ☑ Office Visits □ Hospital – Inpatient □ PFT □ Hospital – Outpatient □ Sleep Studies □ Miscellaneous □ Surgery Center
DESCRIPTION:	
SERVICE DATES:	From: 11-01-18 To: 11-10-18
WORKFLOW STATUS:	Workflow Step Date Completed Initials Sort / Prep Batch
MISSING INFO? ☐ Yes ☐ No	Any supplemental pages to append to scanned document? Yes No If yes, Date Completed: Any unresolved items separated from Batch?
	☐ Yes ☐ No

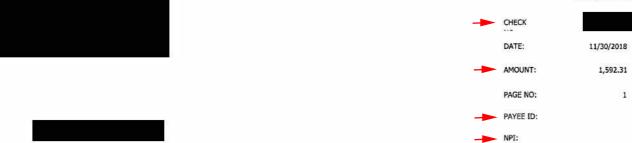
SPECIAL INSTRUCTIONS:

Payment Batch Cover Sheet

PRACTICE SHORT NAME:	AWC						
BATCH NAME:	P 2-0	$\frac{1}{\sqrt{2}} - \frac{1}{\sqrt{2}}$	$\frac{1}{M} - \frac{0}{D} \frac{2}{D}$	4-6	character batch suffix	H for Hospi	
BATCH TYPE:	☐ Refunds ☐ Collection	yments Payments on Write-Offs lection Account	ENTRY METHOD:	100000000000000000000000000000000000000	☐ Internal ☐ External (ZZ)		
INTERNAL	WORKFLOW		EXTER	NAL V	WORKFLO	OW	
INTERNAL Workflow Step	Date	Initials	EXTER Workflow Step	90254-3473W W	Date	OW Initials	
Workflow Step	0 0.00 1840400000000000000000000000000000000	-2		C			
Workflow Step Prepare / Run Tape	Date	-2	Workflow Step	C	Date	₩ 2000	
	Date	-2	Workflow Step Prepare / Run Tape	Co	Date	₩ 2000 ##	
Workflow Step Prepare / Run Tape Enter Transactions	Date	-2	Workflow Step Prepare / Run Tape Scan / Upload	Co	Date	- 200°	

SPECIAL INSTRUCTIONS:





SERVICE DATE	POS	NO. SVC	PROCE	DURE CODE AND DESCRIPTION	BILLED	AMOUNT ALLOWED	RETENTION	MEMBER RESP	AMOUNT PAID	COD
PATIENT NAME:	- "		1		Patient ID:	Accour	nt:	Claim no),:	
11/12/2018		0	99244	Office Consultation New/Estab Patient 60 Min	485.00	337.22		15.00	322.22	45,
	CLAIM TOTALS		485.00	337.22		15.00	322.22			
PATIENT NAME:						D-1	7280			
11/05/2018		0	99214	Office Outpatient Visit 25 Minutes	295.00	208.62		15.00	193.62	45,
75-17-17	CLAIM TOTALS		295.00	208.62		15.00	193.62			
PATIENT NAME:		0	7			32	1,21,214 - 1/2			2
11/14/2018	T	0	99214	Office Outpatient Visit 25 Minutes	295.00	208.62	T	15.00	193.62	3, 4
	PATIENT NAME:			CLAIM TOTALS	295.00	208.62		15.00	193.62	
PATIENT NAME:			—	Patient ID: Account:				Claim no	h.:	
10/18/2018		0	77003	Fluor Needle/Cath Spine/Paraspinal Dx/Ther Addon	110.00	0.00		0.00	0.00	P14
10/18/2018	İ	0	G8907	Pt Doc No:Burn;Fall Fac;Wrg Event;/Hos Transfer	0.01	0.00		0.00	0.00	97
10/18/2018	- 1	0	27096	Inject Si Joint Arthrgrphy&/Anes/Steroid W/Ima	660.00	161.37		0.00	161.37	45
10/18/2018		0	33301	Injection Triamcinolone Acetonide Nos 10 Mg	53.00	0.00		0.00	0.00	58
				CLAIM TOTALS	823.01	161.37		0.00	161.37	
PATIENT NAME:		9.	are me		Patient ID:	Accour	nt:	Claim no	h.:	
11/14/2018		0	99243	Office Consultation New/Estab Patient 40 Min	380.00	142.04		30.00	112.04	45,
· ·	-			CLAIM TOTALS	380.00	142.04		30.00	112.04	
PATIENT NAME: Patien		Patient ID:	nt ID: Account:			Claim no.:				
11/13/2018	T	0	99244	Office Consultation New/Estab Patient 60 Min	485.00	337.22		30.00	307.22	3, 4
		-		CLAIM TOTALS	485.00	337.22	*	30.00	307.22	
PATIENT NAME:				9	Patient ID:	Accour	nt:	Claim no	ı.:	
11/05/2018		0	99244	Office Consultation New/Estab Patient 60 Min	485.00	337.22		35.00	302.22	3, 4
			-	CLAIM TOTALS	485.00	337.22		35.00	302.22	

CODE EXPLANATION

Patient Responsibility

PR Pl P14 CO 97 58 45 3

Payor Initiated Reductions
The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same

Contractual Obligations

Payment is included in the allowance for another service/procedure.

Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.

Charges exceed your contracted/ legislated fee arrangement.

Co-payment Amount

EXPLANATION OF BENEFITS ERA, Provider and Payer Information ERA and Payer Information Payer: EFT Trace / Check #: **EFT Payment / Check Date EFT Payment Amount** Payer Assigned ID Name: Address: State, City, Zip Claim, Service / Line Level and Adjustment Information Claim Information Service / Line Level and Adjustment Information Patient Ins. Paid Deductible Co-Ins Remarks Units Charges Adjustments Co-Pay \$450.00 \$0.00 \$0.00 \$0.00 \$22.29 09/19/2018 - 09/19/2018 0.00 \$427.71 \$ 0.00 99183 CO-45 OA-23 \$0.00 \$12.78 09/19/2018 - 09/19/2018 11042 59 0.00 \$265.00 \$252.22 CO-45 \$0.00 \$0.00 \$ 0.00 OA-23 \$35.07 \$0.00 TOTALS \$715.00 \$252.22 \$0.00 \$0.00 \$ 0.00 \$0.00 Discount: \$ 0.00 \$35.07 PAYMENT AMOUNT Adjustment Level Translation Amount Procedure Code Date Code \$339.46 99183 09/19/2018 Service CO-45 Charges exceed your contracted/ legislated fee arrangement. 99183 09/19/2018 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication \$88.25 Service including payments and/or adjustments Charges exceed your contracted/ legislated fee arrangement. \$201.62 11042 09/19/2018 Service CO-45 \$50.60 11042 09/19/2018 Service OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments Cialm, Service / Line Level and Adjustment Information Claim Information Service / Line Level and Adjustment Information Service / Line Level Information DOS Ins. Paid PL Code Units Patient Charges Co-Pay Deductible Co-Ins Remarks Adjustments 08/02/2018 - 08/02/2018 \$450.00 \$427.71 \$0.00 \$0.00 \$22.29 99183 0.00 PR-45 \$0.00 \$ 0.00 TOTALS \$450.00 \$427.71 \$0.00 \$0.00 \$ 0.00 \$0.00 \$22.29 Interest \$0.00 Discount: \$ 0.00 \$22.29 PAYMENT AMOUNT

Procedure Code

99183

Date

08/02/2018

Adjustment Level

Service

Code

PR-45

Translation

Charges exceed your contracted/ legislated fee arrangement.

Amount

\$427.71