

Charge Batch Cover Sheet - EXTERNAL

PRACTICE SHORT NAME:	AWC																				
BATCH NAME:	C 2018-12-03 <small>Y Y Y Y M M D D</small>																				
BATCH TYPE:	<input type="checkbox"/> Accidents <input type="checkbox"/> Nursing Home <input type="checkbox"/> HHAC <input checked="" type="checkbox"/> Office Visits <input type="checkbox"/> Hospital – Inpatient <input type="checkbox"/> PFT <input type="checkbox"/> Hospital – Outpatient <input type="checkbox"/> Sleep Studies <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Surgery Center																				
DESCRIPTION:																					
SERVICE DATES:	From: 11-01-18 To: 11-10-18																				
WORKFLOW STATUS:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th style="width: 40%;">→ Workflow Step</th> <th style="width: 20%;">Date Completed</th> <th style="width: 40%;">Initials</th> </tr> </thead> <tbody> <tr> <td>Sort / Prep Batch ↑</td> <td>↑ ↑</td> <td rowspan="7" style="background-color: black;"></td> </tr> <tr> <td>Clarify Coding</td> <td></td> </tr> <tr> <td>Scan / FTP Upload</td> <td></td> </tr> <tr> <td>Register / Enter Trxns</td> <td></td> </tr> <tr> <td>Review Journal Report</td> <td></td> </tr> <tr> <td>Post Batch / Report Exceptions</td> <td></td> </tr> <tr> <td>Resolve Exceptions ←</td> <td></td> </tr> </tbody> </table>			→ Workflow Step	Date Completed	Initials	Sort / Prep Batch ↑	↑ ↑		Clarify Coding		Scan / FTP Upload		Register / Enter Trxns		Review Journal Report		Post Batch / Report Exceptions		Resolve Exceptions ←	
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Resolve Exceptions ←																					
MISSING INFO?	Any supplemental pages to append to scanned document? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Completed: _____ ↑ Initials: _____ Any unresolved items separated from Batch? <input type="checkbox"/> Yes <input type="checkbox"/> No ↑																				
HASH CPT TOTAL:																					

SPECIAL INSTRUCTIONS:

Payment Batch Cover Sheet

PRACTICE SHORT NAME:	AWC																																
BATCH NAME:	P <u>20</u> _Y <u>14</u> _Y <u>-12</u> _M <u>-03</u> _D 4-character batch suffix _H for Hospital																																
BATCH TYPE:	<input type="checkbox"/> ERA Payments <input type="checkbox"/> Manual Payments <input type="checkbox"/> Refunds <input type="checkbox"/> Collection Write-Offs <input type="checkbox"/> Note Collection Account	ENTRY METHOD:	<input type="checkbox"/> Internal <input type="checkbox"/> External (ZZ)																														
INTERNAL WORKFLOW		EXTERNAL WORKFLOW																															
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Review / Post																																	
TOTAL BATCH AMOUNT:	\$7654.32		BANK DEPOSIT <input type="checkbox"/>																														

SPECIAL INSTRUCTIONS:

Statement of Account

→ CHECK [REDACTED]
 DATE: 11/30/2018
 → AMOUNT: 1,592.31
 PAGE NO: 1
 → PAYEE ID:
 → NPI:

SERVICE DATE	POS	NO. SVC	PROCEDURE CODE AND DESCRIPTION	AMOUNT BILLED	AMOUNT ALLOWED	RETENTION	MEMBER RESP	AMOUNT PAID	PAY CODE
PATIENT NAME: Patient ID: Account: Claim no.:									
11/12/2018		0	99244 Office Consultation New/Estab Patient 60 Min	485.00	337.22		15.00	322.22	45, 3
CLAIM TOTALS				485.00	337.22		15.00	322.22	
PATIENT NAME: Patient ID: Account: Claim no.:									
11/05/2018		0	99214 Office Outpatient Visit 25 Minutes	295.00	208.62		15.00	193.62	45, 3
CLAIM TOTALS				295.00	208.62		15.00	193.62	
PATIENT NAME: Patient ID: Account: Claim no.:									
11/14/2018		0	99214 Office Outpatient Visit 25 Minutes	295.00	208.62		15.00	193.62	3, 45
CLAIM TOTALS				295.00	208.62		15.00	193.62	
PATIENT NAME: Patient ID: Account: Claim no.:									
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		0	G8907 Pt Doc No:Burn;Fall Fac;Wrg Event;Hos Transfer	0.01	0.00		0.00	0.00	97
10/18/2018		0	27096 Inject Si Joint Arthrgprhy&Anes/Steroid W/Ima	660.00	161.37		0.00	161.37	45
10/18/2018		0	J3301 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: Patient ID: Account: Claim no.:									
11/14/2018		0	99243 Office Consultation New/Estab Patient 40 Min	380.00	142.04		30.00	112.04	45, 3
CLAIM TOTALS				380.00	142.04		30.00	112.04	
PATIENT NAME: Patient ID: Account: Claim no.:									
11/13/2018		0	99244 Office Consultation New/Estab Patient 60 Min	485.00	337.22		30.00	307.22	3, 45
CLAIM TOTALS				485.00	337.22		30.00	307.22	
PATIENT NAME: Patient ID: Account: Claim no.:									
11/05/2018		0	99244 Office Consultation New/Estab Patient 60 Min	485.00	337.22		35.00	302.22	3, 45
CLAIM TOTALS				485.00	337.22		35.00	302.22	

CODE EXPLANATION

- PR Patient Responsibility
- PI Payor Initiated Reductions
- P14 The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same
- CO Contractual Obligations
- 97 Payment is included in the allowance for another service/procedure.
- 58 Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
- 45 Charges exceed your contracted/ legislated fee arrangement.
- 3 Co-payment Amount

EXPLANATION OF BENEFITS

ERA, Provider and Payer Information

ERA and Payer Information

Payer: [REDACTED] EFT Trace / Check #: [REDACTED] EFT Payment Amount [REDACTED]
 EFT Payment / Check Date [REDACTED]

Provider Information

Name: [REDACTED] Address: [REDACTED] Payer Assigned ID [REDACTED]
 State, City, Zip [REDACTED]

Claim, Service / Line Level and Adjustment Information

Claim Information

Service / Line Level and Adjustment Information

Service / Line Level Information

DOS	PL	Code	Units	Charges	Adjustments	Co-Pay	Deductible	Co-Ins	Patient	Ins. Paid	Remarks
09/19/2018 - 09/19/2018		99183	0.00	\$450.00	\$427.71 CO-45 OA-23	\$0.00	\$0.00	\$ 0.00	\$0.00	\$22.29	
09/19/2018 - 09/19/2018		11042 59	0.00	\$265.00	\$252.22 CO-45 OA-23	\$0.00	\$0.00	\$ 0.00	\$0.00	\$12.78	
TOTALS				\$715.00	\$252.22	\$0.00	\$0.00	\$ 0.00	\$0.00	\$35.07	
										Interest	\$0.00
										Discount:	\$ 0.00
										PAYMENT AMOUNT	\$35.07

Procedure Code	Date	Adjustment Level	Code	Translation	Amount
99183	09/19/2018	Service	CO-45	Charges exceed your contracted/ legislated fee arrangement.	\$339.46
99183	09/19/2018	Service	OA-23	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	\$88.25
11042	09/19/2018	Service	CO-45	Charges exceed your contracted/ legislated fee arrangement.	\$201.62
11042	09/19/2018	Service	OA-23	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	\$50.60

Claim, Service / Line Level and Adjustment Information

Claim Information

Service / Line Level and Adjustment Information

Service / Line Level Information

DOS	PL	Code	Units	Charges	Adjustments	Co-Pay	Deductible	Co-Ins	Patient	Ins. Paid	Remarks
08/02/2018 - 08/02/2018		99183	0.00	\$450.00	\$427.71 PR-45	\$0.00	\$0.00	\$ 0.00	\$0.00	\$22.29	
TOTALS				\$450.00	\$427.71	\$0.00	\$0.00	\$ 0.00	\$0.00	\$22.29	
										Interest	\$0.00
										Discount:	\$ 0.00
										PAYMENT AMOUNT	\$22.29

Procedure Code	Date	Adjustment Level	Code	Translation	Amount
99183	08/02/2018	Service	PR-45	Charges exceed your contracted/ legislated fee arrangement.	\$427.71