Charge Batch Cover Sheet - EXTERNAL

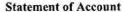
PRACTICE SHORT NAME:	AWC
BATCH NAME:	$C = \frac{2018}{400} - \frac{18}{400} - \frac{1}{400} - \frac{1}{400} - \frac{1}{400} = \frac{1}{400$
ВАТСН ТҮРЕ:	☐ Accidents ☐ Nursing Home ☐ HHAC ☑ Office Visits ☐ Hospital – Inpatient ☐ PFT ☐ Hospital – Outpatient ☐ Sleep Studies ☐ Miscellaneous ☐ Surgery Center
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
HASH CPT TOTAL:	

SPECIAL INSTRUCTIONS:

Payment Batch Cover Sheet

PRACTICE SHORT NAME:	AWC.		_			
BATCH NAME:	P 20 4	6 - 10	<u> </u>	4-character b	patch suffix	_ H for Hospi
BATCH TYPE:	☐ ERA Paymen ☐ Manual Paym ☐ Refunds ☐ Collection W ☐ Note Collection	ents	ENTRY METHOD:	□ Interr	nal mal (ZZ	Z)
INTERNAL	WORKFLOW		EXTERN	IAL WOR	KFLO'	w
Workflow Step	Date Initi	als	Workflow Step	Date		
				Comple	ted	Initials
Prepare / Run Tape	A •		Prepare / Run Tape	Comple	ted	Initials
Prepare / Run Tape Enter Transactions	A A			Comple	ted	Initials
	A A		Prepare / Run Tape	Comple	red	Initials
Enter Transactions	A A		Prepare / Run Tape Scan / Upload	Compre	ted	Initials

SPECIAL INSTRUCTIONS:





SERVICE DATE	POS	NO. SVC	PROCEDURE CODE AND DESCRIPTION	AMOUNT BILLED	AMOUNT ALLOWED	RETENTION	MEMBER RESP	PAID	COD
PATIENT NAME	<u> </u>	•	* * * * *	Patient ID:	Accour	nt:	Claim n).: 	
11/12/2018		0	99244 Office Consultation New/Estab Patient 60 Min	485.00	337.22	I	15.00	322.22	45,
			CLAIM TOTALS	485.00	337.22		15.00	322.22	
PATIENT NAME	E:								
11/05/2018		0	99214 Office Outpatient Visit 25 Minutes	295.00	208.62		15.00	193.62	45,
77			CLAIM TOTALS	295.00	208.62		15.00	193.62	
PATIENT NAME	:		-	TOUGHT WINE SAME TO THE TRANS	30.00				
11/14/2018		0	99214 Office Outpatient Visit 25 Minutes	295.00	208.62		15.00	193.62	3, 4
			CLAIM TOTALS	295.00	208,62		15.00	193.62	
PATIENT NAME	PATIENT NAME:		+	Patient ID:	nt 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	l f	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 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
	L		CLAIM TOTALS	823.01	161.37		0.00	161.37	
PATIENT NAME:				Patient ID:	Accour	nt:	Claim no).:	
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	35.511
PATIENT NAME:				Patient ID: Account:		it:	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	1			Patient ID:	Accour	nt;	Claim no	o.:	
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

Patient Responsibility

PR PI 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

