

1 Clarksville Nursing Center 300 E. Baker Street Clarksville (903) 427-2236 TX 75426-5034		2		3a PAT. CNTL # 03730 b MED. REC. # 03730		4 TYPE OF BILL 0223	
8 PATIENT NAME a		9 PATIENT ADDRESS a		605 CR 14760		5 FED. TAX NO. 74-2570068 6 STATEMENT COVERS PERIOD FROM 100223 THROUGH 102023 7	
b Gordon, Juanita		b Paris		c TX d 75462 e			
10 BIRTHDATE 08141932	11 SEX F	ADMISSION 12 DATE 093022 13 HR 16 14 TYPE 3 15 SRC 1			16 D HR	17 STAT 30	18 19 20 21 22 23 24 25 26 27 28
31 OCCURRENCE CODE DATE 11 092223		32 OCCURRENCE CODE DATE 30 092223		33 OCCURRENCE CODE DATE 45 100223		34 OCCURRENCE CODE DATE	
35 OCCURRENCE SPAN CODE FROM THROUGH		36 OCCURRENCE SPAN CODE FROM THROUGH		37			
38 Champ VA PO BOX 469064 Denver, CO 80246-9064				39 CODE 50 a b c d		40 VALUE CODES AMOUNT 150.21 41 VALUE CODES AMOUNT 42 VALUE CODES AMOUNT	
42 REV CD.	43 DESCRIPTION	44 HCPCS / RATES / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CH.	49
1 0440	SPEECH PATHOL	92526GN	100223	1	150.00		1
2 0440	SPEECH PATHOL	92526GN	100323	1	150.00		2
3 0440	SPEECH PATHOL	92526GN	101023	1	150.00		3
4 0440	SPEECH PATHOL	92526GN	101123	1	150.00		4
5 0440	SPEECH PATHOL	92526GN	101223	1	150.00		5
6 0440	SPEECH PATHOL	92526GN	101323	1	150.00		6
7 0440	SPEECH PATHOL	92526GN	101623	1	150.00		7
8 0440	SPEECH PATHOL	92526GN	101923	1	150.00		8
9 0440	SPEECH PATHOL	92526GN	102023	1	150.00		9
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22							22
23 0001	PAGE 1 OF 1	CREATION DATE	022824	TOTALS >	1350.00		23
50 PAYER Medicare Champ VA		51 HEALTH PLAN ID	52 REL INFO Y Y	53 ASG BEN Y Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1073849469 57 OTHER PRV ID
58 INSURED'S NAME Gordon Juanita Gordon Juanita		59 P. REL 18 01	60 INSURED'S UNIQUE ID 7CP2Q05KE92 462522926		61 GROUP NAME	62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 67 F03918 A R1312 B I5040 C G20 D G9341 E F G H 68		69 ADMIT DX F03918		70 PATIENT REASON DX a b c	71 PPS CODE	72 ECI a b c	73
74 PRINCIPAL PROCEDURE CODE DATE		a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		75	
c. OTHER PROCEDURE CODE DATE		d. OTHER PROCEDURE CODE DATE		e. OTHER PROCEDURE CODE DATE		76 ATTENDING NPI 1396835427 QUAL LAST MUTHAPPA FIRST BACHARANIANDA	
						77 OPERATING NPI QUAL LAST FIRST	
80 REMARKS		81 CC a B3 314000000X		78 OTHER NPI QUAL LAST FIRST		79 OTHER NPI QUAL LAST FIRST	

 Medicare National Standard Intermediary Remittance Advice
 HAMILTON COUNTY HOSPITAL DISTRI FPE: 12/31/2023 NOVITAS SOLUTIONS
 2121 AVENUE J PAID: 01/31/2024 MEDICARE A
 ARLINGTON , TX 760065887 CLM#: 5 MECHANICSBURG, PA 170551828
 NPI: 1073849469 TOB: 223
 TRANSFER TO (COB): CHAMPVA-VA HEALTH ADMIN CTR ID CODE:000080214
 =====

PATIENT: GORDON JUANITA PCN: 037300003VPKL
 HIC: 7CP2Q05KE92 SVC FROM: 10/02/2023 MRN: 03730
 CLAIM STAT: 19 THRU: 10/20/2023 ICN: 22401700891904TXA
 =====

CHARGES: PAYMENT DATA: =DRG 0.720=REIM RATE
 1350.00=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
 0.00=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
 0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
 1350.00=COVERED 0.00=OUTLIER 751.14=PROC CD AMOUNT
 DAYS/VISITS: 0.00=CAP OUTLIER 588.87=ALLOW/REIM
 0=COST REPT 0.00=CASH DEDUCT 12.06=SEQUESTRA TN
 0=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
 0=NON-COVERED 150.21=COINSURANCE 598.86=CONTRACT ADJ
 0=COVD VISITS 0.00=PAT REFUND 0.72=PER DIEM AMT
 0=NCOV VISITS 0.00=ACO PIONEER 588.87=NET REIM AMT
 REMARK CODES: MA01 MA18

REV	DATE	HCP	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN			HCPI								
SVC Desc											
0440	10/02	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/03	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/10	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/11	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/12	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/13	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/16	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/19	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
0440	10/20	92526		GN	1.000	150.00	65.43	CO	45	66.54	
								253		1.34	
								PR	2	16.69	
