

CLAIMS FOR NYS CATHOLIC/FIDELIS - CHECK NUMBER: 20130830107011770 - CHECK TOTAL:
\$624.19

3973	GARCIA, CLEMENTE	252673	\$1,619.52	\$33.74	CASH PAYMENT	005634455600
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-20	T1020	2.0	\$202.44	\$33.74	Precertification/authorization exceeded	
2013-07-21	T1020	0.0	\$202.44	\$0.00	Precertification/authorization exceeded	
2013-07-22	T1020	0.0	\$202.44	\$0.00	Precertification/authorization exceeded	
2013-07-23	T1020	0.0	\$404.88	\$0.00	Precertification/authorization exceeded	
2013-07-24	T1020	0.0	\$202.44	\$0.00	Precertification/authorization exceeded	
2013-07-25	T1020	0.0	\$202.44	\$0.00	Precertification/authorization exceeded	
2013-07-26	T1020	0.0	\$202.44	\$0.00	Precertification/authorization exceeded	
TOTAL				\$33.74		

3974	ORTIZ, EDUARDO	252675	\$590.45	\$590.45	CASH PAYMENT	005634455800
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-22	T1020	7.0	\$118.09	\$118.09		
2013-07-23	T1020	7.0	\$118.09	\$118.09		
2013-07-24	T1020	7.0	\$118.09	\$118.09		
2013-07-25	T1020	7.0	\$118.09	\$118.09		
2013-07-26	T1020	7.0	\$118.09	\$118.09		
TOTAL				\$590.45		

3975	GARCIA, CLEMENTE	253852	\$404.88	\$0.00	CASH PAYMENT	005660022200
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-27	T1020	0.0	\$202.44	\$0.00	This service/equipment/drug is not covered under the patients current benefit plan	
2013-07-28	T1020	0.0	\$202.44	\$0.00	This service/equipment/drug is not covered under the patients current benefit plan	
TOTAL				\$0.00		