

NATIONAL ACCOUNTS DEDICATED SERVICE*
PO BOX 14114
LEXINGTON KY 40512-4114

**FOR RELATED INQUIRES
PLEASE CALL OR WRITE:**

NATIONAL ACCOUNTS DEDICATED SERVICE
P.O. BOX 14114
LEXINGTON, KY 40512-4114
TOLL FREE: 1-877-228-7268



010278 5448305 000 01 001

MIAMI CENTER FOR ADVANCED CA
2845 AVENTURA BLVD STE 100
AVENTURA FL 33180-3111

PROVIDER NUMBER	TAX ID
580D000MEDB00S	XXXXX5526
REFERENCE NUMBER	PAYMENT DATE
200459907	11/27/2020

PROVIDER VOUCHER

SERVICE DATES FROM/TO	PROCEDURE CODE CVD/NCVD	TOTAL CHARGES	ALLOWED AMOUNT	OTHER INSURANCE DOLLARS	OTHER AMOUNTS NOT COVERED	SUBSCRIBER'S LIABILITY	APPROVED TO PAY	AMOUNT PAID	RSN CODE
***** MEDICARE PAID CLAIMS *****									
SUB ID: 4109003210		PATIENT: ODDO ROBERT G							
CLAIM#: 26203293996900		PATIENT ACCT/PRESCRIPTION#: 55472866							
11/06/20	3 1 99214	\$384.71	\$119.43	\$95.80	\$0.00	\$4.73	\$18.90	\$18.90	
11/06/20									
11/06/20	3 9 93306	\$733.76	\$221.94	\$178.03	\$0.00	\$8.78	\$35.13	\$35.13	
11/06/20									
11/06/20	3 9 93000	\$61.74	\$16.57	\$13.29	\$0.00	\$0.66	\$2.62	\$2.62	
11/06/20									
CLAIM TOTAL----		\$1,180.21	\$357.94	\$287.12	\$0.00	\$14.17	\$56.65	\$56.65	AB
A-THE TOTAL MEDICARE ALLOWED AMOUNT FOR ALL SERVICES ON THIS CLAIM WAS \$357.94 , AND MEDICARE PAID \$287.12 . (Z996)									
B-A MAJOR MEDICAL COPAYMENT OF \$14.17 WAS REQUIRED FOR THIS CLAIM. (Z273)									
SUBTOTALS:		\$1,180.21	\$357.94	\$287.12	\$0.00	\$14.17	\$56.65	\$56.65	
TOTAL		\$1,180.21	\$357.94	\$287.12	\$0.00	\$14.17	\$56.65	\$56.65	

PROVIDER VOUCHER

EXPLANATION OF VOUCHER INFORMATION

SUBSCRIBER IDENTIFICATION/PATIENT'S NAME: The contract number under which the claim was processed. The name of the patient for whom services were performed.

CLAIM #: The number assigned to a patient's claim.

PATIENT ACCT/PRESCRIPTION #: Your internal patient number. For Pharmacists, the number represents the Prescription Number.

COLUMN 1 - SERVICE FROM AND TO DATES: The first and last date of service reported for the patient's claim.

COLUMN 2 - PROCEDURE CODE/CVD/NCVD: Procedure code, identifies the reported code for the specific procedure administered. Covered day/noncovered day will show the total service days.

COLUMN 3 - TOTAL CHARGES: This column represents your billed amount for the service(s) administered.

COLUMN 4 - ALLOWED AMOUNT: The amount approved for payment prior to member liability.

COLUMN 5 - OTHER INSURANCE DOLLARS: The amount paid by other insurance, including Medicare.

COLUMN 6 - This column will be titled either **PROVIDER'S LIABILITY** or **OTHER AMOUNTS NOT COVERED**.

When Titled **PROVIDER'S LIABILITY** this column will represent the amount of the provider's liability for the service performed.

When Titled **OTHER AMOUNTS NOT COVERED** this column will represent other amounts not covered for these services.

COLUMN 7 - SUBSCRIBER'S LIABILITY: This column indicates the amount of the patient's liability for the services performed.

COLUMN 8 - APPROVED TO PAY AMOUNT: This column identifies the amount approved for payment after taking into consideration the member's liability.

COLUMN 9 - AMOUNT PAID: The amount paid for the service(s) reported.

COLUMN 10 - REASON CODE: Codes are shown in this column which refer to specific messages below each claim. These messages clarify a payment situation or explain why you may be responsible for a service.