

Claim Information
FL MEDICARE

112 KAUERBACH AVE.
P.O. BOX 2382
JACKSONVILLE, FL 32210-0000

Product #:

Nonpayment #: C0000070

Claim Date: 5/3/2010

Check Amount: \$0.00

Provider AGN#: 00.00

MP:

Production Date: 5/3/2010

Claim Information

Patient Name:

NAME: JANE DOE

Patient Name:

Medical Monitor Identification #: 0457000410

Claim ID: 0000000000

Patient Account Number: P000000000

Claim Status: Denial

Rendering Provider:

Claim Payment Amount: \$0.00

Rendering MP:

Claim AGN#: 00.00

Payer Claim Control #: 0000 0000 0000 0000

Claim AGN Code:

Patient Responsibility: 00.00

Claim Reason Code: N000, 0000

Patient Responsibility Reason Code:

Patient Group:

Service Line Information

Begin Service Date	End Service Date	Rendering MP	Post Code	Procedure Code, Modifier	Billed Amount	Adjusted Amount	Default Amount	Costs Amount	CoPay Amount	Life Young Res.	Other Adjusts	Adjusted Code	Provider Fee	Reason Codes
5/1/2010	5/3/2010	0	0000		\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	00-000	\$0.00	0000
5/3/2010	5/3/2010	0	0000		\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	00-000	\$0.00	0000
SERVICE LINE TOTALS:					\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	

Claim Totals

	Claim Adjustments	Billed Amount	Adjusted Amount	Default Amount	Costs Amount	CoPay Amount	Life Young Res.	Other Adjustments	Total Paid
TOTALS:	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Adjustment Codes Glossary

00- Contractual Obligations: Use this code when a prior payer/payer contractual agreement or a regulatory requirement resulted in an adjustment.

00-00: Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.

MA00: Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.

N000: This is a Medicaid submission for an FFS beneficiary. Submit paper claims to the FFS carrier Palmetto-GSA, P.O. Box 10096, Augusta, GA 30906. Call 800-748-0001 for FFS FCI information for electronic claims processing (N000 - new code 12/09/09).