

228337

GEORGIA SENIOR MEDICAL GROUP

A Subsidiary of Seoul Medical Group, Inc
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337 ⑈ ⑆ 123456789 ⑆ 1122334455 ⑈

1

ENDORSE HERE

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The security features listed below, around industry guidelines

Security Features

Invisible Fibers

Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Vial ring Box

Colored Background

Description of Features:

- Invisible nonconformity embedded fibers that fluoresce in yellow under a black light
 - When, chemically altered, the area treated will appear as a brown stain or spot
 - Resistance to wear, held between thumb and forefinger or brushed on it. The image will fade and disappear.
 - Alerts transfer the document contains security features
 - Endorse lines appear as dotted lines when printed.
 - Different spotting of diagonal lines used as an anti-cut and paste device.
 - Invisible image in the signature area that is only visible under black light; a substance is if a document is an original.
 - Located in the chemical security features
 - Call out to the client with
 - Pattern protects against alterations
- © Product design is a certification mark of Check Payment Systems Association

See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

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Non-Negotiable

Check Number:

DEMO HOSPITAL

PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
DEMO HOSPITAL
PO BOX 1234
DALLAS, TX-12345

Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

ADJCODE	Description
253	Sequestration - reduction in federal payment
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

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Medicare Line Of Business:

Payment determinations may be appealed within 60 days from receipt of EOB. Appeals must be submitted in writing and include a HCFA 1500 form and sent to the above address. Failure to appeal any payment or denial may result in denial for untimely submission.

Commercial and Medi-Cal Lines Of Business:

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Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D Member ID: PTI0001235 Plan: WSR5

<u>Service Date</u>	<u>Service Code</u>	<u>Modifier</u>	<u>Amount Billed</u>	<u>Amount Allowable</u>	<u>Copay/ CoInsurance</u>	<u>Adjust Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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Remittance Advice Remark Code: N669 Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

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 - Different spotting of diagonal lines used as an anti-cut and paste device.
 - Invisible image in the signature area that is only visible under black light; a substance is if a document is an original.
 - Located in the check's security features
 - Call out to the client's wallet
 - Pattern protects against alterations
- © Product design is a certification mark of Check Payment Systems Association

See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

DEMO HOSPITAL

PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

Check Amount: 744.80

GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
DEMO HOSPITAL
PO BOX 1234
DALLAS, TX-12345

Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

ADJCODE	Description
253	Sequestration - reduction in federal payment
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

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Medicare Line Of Business:

Payment determinations may be appealed within 60 days from receipt of EOB. Appeals must be submitted in writing and include a HCFA 1500 form and sent to the above address. Failure to appeal any payment or denial may result in denial for untimely submission.

Commercial and Medi-Cal Lines Of Business:

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C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

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Acknowledgement of receipt:

This EOB serves as an acknowledgement of our receipt of the claim or provider dispute if we have processed it within 15 working days of receipt.

228337

GEORGIA SENIOR MEDICAL GROUP

A Subsidiary of Seoul Medical Group, Inc
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337⑈ ⑆ 123456789⑆ 1122334455 ⑈

29

ENDORSE HERE

X

30

☐ CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
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The security features listed below, around industry guidelines

Security Features

Invisible Fibers

Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Vial ring Box

Colored Background

Description of Features:

- Invisible non-ony embedded fibers that fluoresce in yellow under a black light
 - When, chemically altered, the area treated will appear as a brown stain or spot
 - Resistance to wear, held between thumb and forefinger or brushed on it. The image will fade and reappear.
 - Alerts transfer the document contains security features
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- © Product designs a certification mark of Check Payment Systems Association

See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

DEMO HOSPITAL

PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

Check Amount: 744.80

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C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
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Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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Remittance Advice Remark Code: N669

Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

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LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

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228337

GEORGIA SENIOR MEDICAL GROUP

A Subsidiary of Seoul Medical Group, Inc
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337⑈ ⑆ 123456789⑆ 1122334455 ⑈

36

ENDORSE HERE

X

37

☐ CHECK HERE IF MOBILE DEPOSIT

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The security features listed below, around industry guidelines

Security Features

Invisible Fibers

Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Vial ring Box

Colored Background

Description of Features

Invisible nanometry embedded fibers that fluoresce in yellow under a black light

When, chemically altered, the area treated will appear as a brown stain or spot

Response to warmth, held between thumb and forefinger or breathe on it. The image will fade and reappear

Alerts transfer the document contains security features

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Different spotting of diagonal lines used as an anti-cut and paste device

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See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

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5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

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Vendor: 999999999
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Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

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Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

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DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 2 2 8 3 3 7 ⑈ ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 1 2 2 3 3 4 4 5 5 ⑈

43

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X

44

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The security features listed below, around industry guidelines

Security Features

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See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

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Check Amount: 744.80

GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
DEMO HOSPITAL
PO BOX 1234
DALLAS, TX-12345

Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

ADJCODE	Description
253	Sequestration - reduction in federal payment
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

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Medicare Line Of Business:

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Commercial and Medi-Cal Lines Of Business:

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5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

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Acknowledgement of receipt:

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228337

GEORGIA SENIOR MEDICAL GROUP

A Subsidiary of Seoul Medical Group, Inc
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337⑈ ⑆ 123456789⑆ 1122334455 ⑈

50

ENDORSE HERE

X

51

☐ CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
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The security features listed below, around industry guidelines

Security Features:

Invisible Fibers

Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Vial ring Box

Colored Background

Description of Features:

- Invisible nanometry embedded fibers that fluoresce in yellow under a black light
 - When, chemically altered, the area treated will appear as a brown stain or spot
 - Resistance to wear, held between thumb and forefinger or brushed on it. The image will fade and reappear.
 - Alerts transfer the document contains security features
 - Endorse lines appear as dotted lines when printed.
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 - Located in the check's security features
 - Call out to the client's wallet
 - Pattern protects against alterations
- © Product designs a certification mark of Check Payment Systems Association

See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

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PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

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Check or EFT No 71-228337

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Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

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Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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EXPLANATION OF PAYMENTS

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228337

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A Subsidiary of Seoul Medical Group, Inc
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337⑈ ⑆ 123456789:1122334455 ⑈

57

ENDORSE HERE

X

58

☐ CHECK HERE IF MOBILE DEPOSIT

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The security features listed below, around industry guidelines

Security Features:

Invisible Fibers

Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Varying Box

Colored Background

Description of Features:

Invisible non-iron, embedded fibers that fluoresce in yellow under a black light.

When, chemically altered, the area treated will appear as a brown stain or spot.

Response to warmth, held between thumb and forefinger or breathe on it. The image will fade and reappear.

Alerts transfer the document contains security features.

Endorse lines appear as dotted lines when scanned.

Different scoping of diagonal lines used as an anti-cut and paste device.

Invisible image in the signature area that is only visible under black light; a substance is if a document is an original.

Located in the check's security features in a red wax seal on the check's window.

Pattern protects against alterations.

© Product designs a certification mark of Check Payment Systems Association

See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

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Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

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64

ENDORSE HERE

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Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

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Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

ADJCODE	Description
253	Sequestration - reduction in federal payment
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

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Commercial and Medi-Cal Lines Of Business:

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5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

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Provider Dispute Resolution Department
5000 Airport Plaza Dr., Suite 150
Long Beach, Ca 90815

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Acknowledgement of receipt:

This EOB serves as an acknowledgement of our receipt of the claim or provider dispute if we have processed it within 15 working days of receipt.

228337

GEORGIA SENIOR MEDICAL GROUP

A Subsidiary of Seoul Medical Group, Inc
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 2 2 8 3 3 7 ⑈ ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 1 2 2 3 3 4 4 5 5 ⑈

71

ENDORSE HERE

X

72

☐ CHECK HERE IF MOBILE DEPOSIT

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The security features listed below, around industry guidelines

Security Features

Invisible Fibers

Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Vial ring Box

Colored Background

Description of Features:

- Invisible non-ony embedded fibers that fluoresce in yellow under a black light
 - When, chemically altered, the area treated will appear as a brown stain or spot
 - Resistance to wear, held between thumb and forefinger or brushed on it. The image will fade and reappear.
 - Alerts transfer the document contains security features
 - Endorse lines appear as dotted lines when printed.
 - Different spotting of diagonal lines used as an anti-cut and paste device.
 - Invisible image in the signature area that is only visible under black light; a substance is if a document is an original.
 - Located in the check's security features
 - Call out to the client's wallet
 - Pattern protects against alterations
- © Product design is a certification mark of Check Payment Systems Association

See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

DEMO HOSPITAL

PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

Check Amount: 744.80

73

GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
DEMO HOSPITAL
PO BOX 1234
DALLAS, TX-12345

Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

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EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

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(562) 766-2000

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PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337 ⑈ ⑆ 123456789 ⑆ 1122334455 ⑈

78

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X

79

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The security features listed below, around industry guidelines

Security Features

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Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

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Chemical Wash Vial ring Box

Colored Background

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See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

DEMO HOSPITAL

PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

Check Amount: 744.80

80

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C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
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DALLAS, TX-12345

Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

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DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337⑈ ⑆ 123456789⑆ 1122334455 ⑈

85

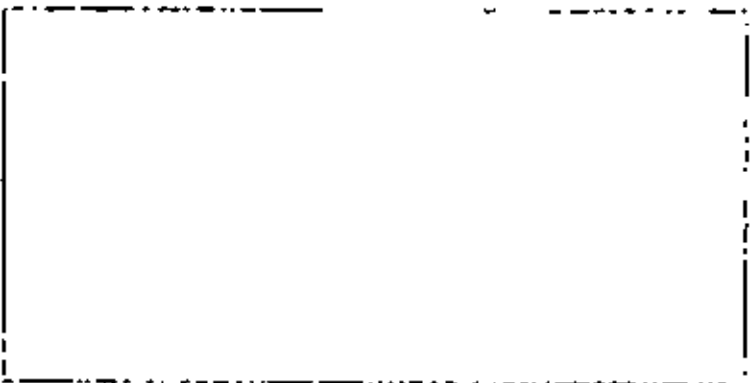
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The security features listed below, around industry guidelines

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|-----------------------------|---|
| Invisible Fibers | • Invisible nanometry embedded fibers that fluoresce in yellow under a black light |
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© Product designs a certification mark of Check Payment System Association

See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

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PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

Check Amount: 744.80

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5000 AIRPORT PLAZA DRIVE, SUITE 150
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EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
DEMO HOSPITAL
PO BOX 1234
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Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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Remittance Advice Remark Code: N669

Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

ADJCODE	Description
253	Sequestration - reduction in federal payment
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

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Medicare Line Of Business:

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Commercial and Medi-Cal Lines Of Business:

The provisions of AB1455, effective for dates of service after 01/01/2004 and adopted as *California Code of Regulations (CCR) title 28, Section 1300.71* (a)(3) allows reimbursement of non-contracted providers at reasonable and customary value for the services rendered. Section 1300.71(g)(3) and 1300.71.38 (a)(2) mandates providers disputing claim payments or denials do so in writing to the payor within 365 days of the date of this EOB. The dispute must provide a clear identification of the disputed item, including the date of service and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, denial or other action is incorrect. For additional information regarding AB1455, refer to the DMHC website at: <http://www.dmh.ca.gov/library/regulations/existing/030725.doc>. Please submit your dispute to the Provider Dispute Resolution Unit at the address above. For instructions and forms for submitting a dispute, contact the Member Service Department or obtain a form online at www.amm.cc and select the correct IPA. This website also provides information regarding the method used to determine the reasonable and customary rate for non-contracted providers.

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LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

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Long Beach, Ca 90815

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Acknowledgement of receipt:

This EOB serves as an acknowledgement of our receipt of the claim or provider dispute if we have processed it within 15 working days of receipt.

228337

GEORGIA SENIOR MEDICAL GROUP

A Subsidiary of Seoul Medical Group, Inc
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 2 2 8 3 3 7 ⑈ ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 1 2 2 3 3 4 4 5 5 ⑈

92

ENDORSE HERE

X

63

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Security Features:

Invisible Fibers

Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Vial ring Box

Colored Background

Description of Features:

Invisible nanometry embedded fibers that fluoresce in yellow under a black light

When, chemically altered, the area treated will appear as a brown stain or spot

Response to warmth, held between thumb and forefinger or breathe on it. The image will fade and reappear.

Alerts transfer the document contains security features

Endorse lines appear as dotted lines when scanned.

Different spotting of diagonal lines used as an anti-cut and paste device.

Invisible image in the signature area that is only visible under black light; a substance if a document is an original.

Located in the check's security features in a red wax seal on the check's window

Pattern protects against alterations

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See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

DEMO HOSPITAL

PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
DEMO HOSPITAL
PO BOX 1234
DALLAS, TX-12345

Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80
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Remittance Advice Remark Code: N669

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LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

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EXPLANATION OF PAYMENTS

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Long Beach, CA 90815
(562) 766-2000

SEVEN HUNDRED FORTY-FOUR DOLLARS AND EIGHTY CENTS

PAY

TO THE

ORDER OF

DEMO HOSPITAL
PO BOX 1234
DALLAS, TX -12345

DATE

02/10/2023

AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 228337⑈ ⑆ 123456789⑆ 1122334455 ⑈

99

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Chemical Protection

Heat Sensitive Icon

Warning Band

Microprint

Diagonal Dimensional Backer

Invisible Fluorescent Image

Chemical Wash Vial ring Box

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Description of Features

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Located in the check's security features

Pattern protects against alterations

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See separate EOB for explanation of payment for check #71 -228337

Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

DEMO HOSPITAL

PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

Check Amount: 744.80

101

GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
DEMO HOSPITAL
PO BOX 1234
DALLAS, TX-12345

Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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Remittance Advice Remark Code: N669

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C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
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LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

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EXPLANATION OF PAYMENTS

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AMOUNT

\$744.80

AUTHORIZED SIGNATURE

⑈ 2 2 8 3 3 7 ⑈ ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 1 2 2 3 3 4 4 5 5 ⑈

106

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X

107

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The security features listed below, around industry guidelines

Security Features

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Chemical Wash Vial ring Box

Colored Background

Description of Features:

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- When, chemically altered, the area treated will appear as a brown stain or spot

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Check Amount: 744.80 Date Paid: 02/10/2023

DEMO HOSPITAL

GEORGIA SENIOR MEDICAL GROUP Long Beach, CA 90815

228337

Non-Negotiable

Check Number:

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PO BOX 1234

DALLAS, TX-12345

Date Paid: 02/10/2023

Check Amount: 744.80

108

GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Date Paid: 02/10/2023
Vendor: 999999999
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Check or EFT No 71-228337

Provider Name: DEMO HOSPITAL

Member Name: DUCK, DONALD D

Member ID: PTI0001235

Plan: WSR5

<u>Service</u> <u>Date</u>	<u>Service</u> <u>Code</u>	<u>Modifier</u>	<u>Amount</u> <u>Billed</u>	<u>Amount</u> <u>Allowable</u>	<u>Copay/</u> <u>CoInsurance</u>	<u>Adjust</u> <u>Amount</u>	<u>Interest</u>	<u>Net Pay</u>	<u>Adjustment Codes</u>
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PATIENT ACCOUNT #: B0123456

01/10/2023	0012M		\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80	45 253
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Claim No.:	CL0012346	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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Remittance Advice Remark Code: N669

Remittance Advice Remark Code Description: Adjusted based on the Medicare fee schedule.

Check/EFT: 71-228337	Totals:	\$2,995.00	\$760.00	\$0.00	\$15.20	\$0.00	\$744.80		
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GEORGIA SENIOR MEDICAL GROUP A SUBSIDIARY of SEOUL MEDICAL GROUP, INC.
C/O ADVANCED MEDICAL MANAGEMENT CLAIMS DEPT.
5000 AIRPORT PLAZA DRIVE, SUITE 150
LONG BEACH, CA 90815-1260

EXPLANATION OF PAYMENTS

Vendor Grand Total: \$2,995.00 \$760.00 \$0.00 \$15.20 \$0.00 \$744.80

ADJCODE	Description
253	Sequestration - reduction in federal payment
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

All Lines Of Business:

Unless indicated otherwise, all claims are paid according to contract.

You may collect all applicable co-pays and deductibles identified on this EOB from the patient.

For contracted providers only: The contract amount represents your allowance per contract. Medicare and Medi-Cal enrollees are paid at Medicare or Medi-Cal rates, respectively unless your contract indicates otherwise. Per Knox-Keene regulations, the difference between the billed amount and the contract amount is not the patient's responsibility and should not be billed to the member.

Payment is made based on member eligibility and benefit data available on payment date. Should eligibility or benefit coverage retroactively change, payment for the above claim(s) may be the responsibility of another Health Plan, IPA, Medical Group or the member. A letter advising provider of such and requesting refund of payment will be sent and any uncollected amount may result in a deduction from future claim payments.

Non-contracted providers: Commercial enrollees are paid at reasonable and customary rates. For ER providers, per Knox-Keene regulations, the difference between the billed amount and the contract amount is not the patient's responsibility and should not be billed to the member. All other non-contracted providers must follow the Provider Dispute Resolution Process as referenced below. Medicare and Medi-Cal enrollees are paid at Medicare or Medi-Cal rates, respectively.

Payment is made based on member eligibility and benefit data available on payment date. Should eligibility or benefit coverage retroactively change, payment for the above claim(s) may be the responsibility of another Health Plan, IPA, Medical Group or the member. A letter requesting refund of such payment may be sent and any uncollected amount may result in a deduction from future claim payments.

Medicare Line Of Business:

Payment determinations may be appealed within 60 days from receipt of EOB. Appeals must be submitted in writing and include a HCFA 1500 form and sent to the above address. Failure to appeal any payment or denial may result in denial for untimely submission.

Commercial and Medi-Cal Lines Of Business:

The provisions of AB1455, effective for dates of service after 01/01/2004 and adopted as *California Code of Regulations (CCR) title 28, Section 1300.71* (a)(3) allows reimbursement of non-contracted providers at reasonable and customary value for the services rendered. Section 1300.71(g)(3) and 1300.71.38 (a)(2) mandates providers disputing claim payments or denials do so in writing to the payor within 365 days of the date of this EOB. The dispute must provide a clear identification of the disputed item, including the date of service and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, denial or other action is incorrect. For additional information regarding AB1455, refer to the DMHC website at: <http://www.dmh.ca.gov/library/regulations/existing/030725.doc>. Please submit your dispute to the Provider Dispute Resolution Unit at the address above. For instructions and forms for submitting a dispute, contact the Member Service Department or obtain a form online at www.amm.cc and select the correct IPA. This website also provides information regarding the method used to determine the reasonable and customary rate for non-contracted providers.

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EXPLANATION OF PAYMENTS

Non-contracted Providers Appeals:

Have the right to request a reconsideration of the plan's denial of payment; Have 60 calendar days from the remittance notification date to file the reconsideration; must include a signed Waiver of Liability form holding the enrollee harmless regardless of the outcome of the appeal. <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Appendix-7-Waiver-of-Liability-Notice.pdf> and should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement; and must mail the reconsideration to the plan at:

Advanced Medical Management
Provider Dispute Resolution Department
5000 Airport Plaza Dr., Suite 150
Long Beach, Ca 90815

Providers may dispute the amount paid for a service, if they believe the claim was not paid according to the Medicare fee schedule. Payment determinations may be appealed within 60 days from receipt of EOB. Appeals must be submitted in writing and include a HCFA 1500 form and sent to the above address. Failure to appeal any payment or denial may result in denial for untimely submission.

Non-contracted Provider Dispute Resolution:

Provider Disputes must be submitted to Advanced Medical Management, at the address listed below, within 120 calendar days after the notice of initial payment determination.

Items that may be filed as Provider Disputes include:

- *Underpayment (payment less than the Medicare fee schedule); or
- *Disagreement about our decision to make payment on submitted procedure code or downcoding

You may submit your first level written request to Advanced Medical Management, 5000 Airport Plaza Drive, Suite 150, Long Beach, CA 90815 if you disagree with our decision on your first level dispute by mail within 180 calendar days of written notice from us or within 30 calendar days from the time we've received your request if you have not heard from us. You may submit your second level written request to Scan Health Plan.

Denials due to coverage determination and medical necessity determinations are not subject to provider dispute process. These items must be submitted as provider appeals.

Acknowledgement of receipt:

This EOB serves as an acknowledgement of our receipt of the claim or provider dispute if we have processed it within 15 working days of receipt.

