

510 E. 96th Street, Suite 400
 Indianapolis, IN 46240
 p: 877-732-5633
 f: 317-580-0027

AVAILITY
 REMITTANCE
 NOTICE

PALMETTO GBA - RAILROAD MEDICARE
 PO BOX 10066
 AUGUSTA, GA 309990001
 PROVIDER #:743163870
 CHECK/EFT #:815216857

NPI #: 1801125612
 3/29/2023

BARGERSVILLE COMMUNITY FIRE
 PO BOX 56002
 INDIANAPOLIS, IN 462560002

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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
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NAME	OTT, BONNIE				MID	5YT2KA5HU28	ACNT BCB22002481-1	ICN 2223073293820			MOA MA01	
	0912	091222	41	1	A0429	RH	900.00	370.77	0.00	74.15	CO-253 5.93	290.69
											CO-45 529.23	
	0912	091222	41	8.8	A0425	RH	220.00	70.58	0.00	14.12	CO-253 1.13	55.33
											CO-45 149.42	
PT RESP	88.27				CLAIM TOTALS		1120.00	441.35	0.00	88.27	685.71	346.02
ADJ TO TOTALS:					INTEREST		0.00	LATE FILING CHARGE		0.00		NET 346.02
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TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK			
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT			
	1	1120.00	441.35	0.00	88.27	685.71	346.02	0.00	346.02			

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

253 Sequestration - reduction in federal payment

CO Contractual Obligation

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

PR Patient Responsibility