Fax Server 6/13/2016 8:24:32 AM PAGE 1/005 Fax Server



To: Texas Physician House Calls PLLC

Company:

Fax: 9726757310 Phone: 2142955047

From: Provider Services

Fax:

Phone: 1-877-842-3210

NOTES:

Hello Dr. Sumena Keta,

Here is a copy of the EOB that you requested on call reference # 161600000192.

Thank You, Provider Services

Unauthorized interception of this facsimile could be a violation of federal and state law. If you have received this privileged information in error, please contact us by phone immediately to arrange for return of the documents.

If you have difficulty with this transmission, please contact the number above.

Date and time of transmission: Monday, June 13, 2016 8:23:18 AM Number of pages including this cover sheet: 05

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CHECK DVLE: 05/15/19 CHECK NO:: 301078744 ալ 'Ձոլչ Se. Calls хэТ One Hundred Forty And 98/100

> Baltimore MD 21201 351 W. Camden St, Suite 100

Specialized Care for Medicare Beneficiaries

CARE IMPROVEMENT PLUS

Medicare Payment

Jeannette PA

PNC Bank, N.A. 001

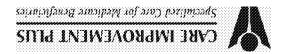
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IRVING, TX 75038-3510 5925 SKYWAY CIR N Texas Physician House Calls 2715 2 MB 0.439

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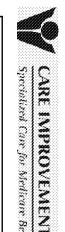
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Baltimore MD 21201 351 W. Camden St, Suite 100





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Questions or Concerns?

Contact Provider Services at 1-866-679-3119 (TTY: 711)

Specialized Care for Medicare Beneficiaries CARE IMPROVEMENT PLUS

Provider Remittance Advice

Servicing Provider Name: Ketha, Sumana **Servicing Provider NPI:** 1962447805

PAYMENT SUMMARY

Provider #: Paid To: TAX ID #: 464596181 002000545615 Texas Physician House Calls

Check #: Payment Date: 301028744 02/12/16

Reference #: Check Amount: \$0.00 2016021210200344 \$140.98

Outstanding Overpayment Recovered This Check: Overpayment Incurred Prior Overpayment: \$0.00 \$0.00

CITX

Payee Name: Texas Physician House Calls

Patient And Services Information

143.86 RWD 809	143.86	0.00	0.00	35.97		00.0	24.17	179.83	204.00	1	99350-25	12/28/15-12/28/15
Remar	Payment	Cvrd	Amount	Co-Ins	Copay	Payor Pmt	Adjusted	Allowed	Billed	Units	Code	Service
	Plan	Not	Ded			Primary		Amount	Amount		Proc/Rev	Dates of
			sibility	Patient Responsibility	Pat							
				nation:	Claim Explanation:)	16011F836900	Claim ID:		ms	Alice F William:	Member Name:
			XLS00100		Plan Name:		Subscriber #: 100593241-0	Subscriber #			2401-9703	Account Number:

	140.98	etracted Amt:	(+) Net Pmt/ (-) Retracted Amt:	(+)								
	2.88	Sequestration Amount:	Sequestra									
	0.00	Prior Paid Amount:	Prior l									
	0.00	Subscriber Payment:	Subscri									
	0.00	Interest Amount:	Inte									
	143.86	0.00	0.00	35.97	0.00	0.00	24.17	179.83	204.00	Claim Totals:	Clai	
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1	1101F	12/28/15-12/28/15
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		G8427	12/28/15-12/28/15
RWD 809	143.86	0.00	0.00	35.97	0.00	0.00	24.17	179.83	204.00	1	99350-25	12/28/15-12/28/15
Remarks *	Pavment	Cvrd	Amount	Co-Ins	Copay	Payor Pmt	Adjusted	Allowed	Billed	Units	Code	Service
	Plan	Not	Ded			Primary		Amount	Amount		Proc/Rev	Dates of
			sibility	Patient Responsibility	Pati							

Provider Group Summary Totals

0.00 140.98	Amounts Recovered: Check Amount:						
140.98	0.00	0.00	2.88	0.00	0.00	143.86	Totals:
140.98	0.00	0.00	2.88	0.00	0.00	143.86	Ketha, Sumana
Net Payment	Prior Paid Amount (-)	Overpaid Amount (+)	Sequestration	Subscriber Payment	Interest Amount	Plan Payment	Provider



Page 1 of 3

Continued from previous page Care Improvement Plus Payment Date: 02/12/16

Remark Explanations 809 Consult or

Consult our contractual agreement for restrictions/billing/payment in formation related to these charges

RWD Payment Reduction of 2% in accordance with sequestration

UnitedHealthcare administrative guide, along with other helpful resources, at UnitedHealthcareOnline.com Effective Jan. 1, 2016, Care Improvement Plus (CIP) will transition to the UnitedHealthcare Provider Administrative Guide. You can access the

Continued from previous page

Dual Eligible Members

Care Improvement Plus

Payment Date: 02/12/16

With the exception of Dual Advantage (R6801-011, H0084-005), Care Improvement Plus is not contracted with Texas Health and Human Services for the coordination Dual Eligible Members (except for Texas Dual Advantage, R6801-011, H0084-005)

of benefits for other dual eligible members. It is the provider's responsibility, therefore, to bill Texas Medicaid for cost share amounts, such as member co-pays. Providers cannot balance bill members for A/B cost sharing.

Dual Eligible Members (Texas Dual Advantage, R6801-011, H0084-005)

share, such as member co-pays. Providers cannot balance bill members for A/B cost sharing Providers are reimbursed a global payment for members in this plan that includes reimbursement for the member's medical benefits and any additional member cost

Health Care Fraud Notice

Improvement Plus please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline at 1-800-210-3312 (TTY 711) Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Care

Please note that we do accept claim(s) electronically through Availity or Xerox EDI Direct. Please use Payor ID #77082 for submission

For paper claims, please note that our claims address has changed. Claims should be forwarded to:

Care Improvement Plus

Linthicum, MD 21090-0488 Claims Department P.O. Box 488

Important Information About Your Appeals and Payment Dispute Rights

Providers may appeal claims within 60 days where Care Improvement Plus denied all or part of a claim. Providers may dispute payments for a claim when the provider disagrees with the amount paid, including issues related to bundling of services. To dispute a claim payment, submit written request within 120 days of the remittance notification date. Appeal and Disputes should be sent to following address:

6514 Meadowridge Road Care Improvement Plus Elkridge, MD 21075 1st Floor

For more information on how to file an appeal, please call the Provider Services line at 1-866-679-3119; TTY users should call 711 Or Fax Number: 1-866-272-2942

Attention: Appeals Department or Disputes Department

If you are a non-participating provider and have questions about your claim payment, please go to http://www.careumprovementplus.com/providers/nonparpayment.aspx

