

SelectCare Health Plans, Inc dba-PC  
TexasFirst Health Plan Claims Acct  
P.O. Box 741107  
Houston, TX 77274-1107

# TexanPlus® HMO

20110606109

Return Service Requested

For questions please call: (800) 958-2707

3-DIGIT 750

8294 0.5486 AT 0.362



SUMANA KETHA MD PA  
2925 SKYWAY CIR N  
IRVING, TX 75038-3510

42

## PAYMENT SUMMARY

Paid To: SUMANA KETHA MD PA  
Provider #: 201401614100  
Payment Date: 05/31/11  
Check #: 157041  
Check Amount: 796.98  
Reference #: 2011053110500417  
Prior Overpayment: 0.00  
Overpayment Incurred This Period: 0.00  
Recovered This Check: 0.00  
Outstanding Overpayment: 0.00

TO: TF - TXFC

Page 1 of 2

## HMO Explanation of Payment

Member ID #: 105992752-0				Patient Name: Deborah J Stowell				Explanation:					
Member Plan: CHN05100				Pat Acct #: A223812444									
Claim #: 110236164700				Provider: 888000023124				Provider: KETHA, SUMANA					
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Copay	Co-Ins	Patient Deductible	COB Applied	Net Amount
01/09/11-01/09/11		99223	1	346.00	194.93	151.07	HM1	0.00	0.00	0.00	0.00	0.00	194.93
01/10/11-01/10/11		99233	1	179.00	100.06	78.94	HM1	0.00	0.00	0.00	0.00	0.00	100.06
01/11/11-01/11/11		99233	1	179.00	100.06	78.94	HM1	0.00	0.00	0.00	0.00	0.00	100.06
01/12/11-01/12/11		99233	1	179.00	100.06	78.94	HM1	0.00	0.00	0.00	0.00	0.00	100.06
01/13/11-01/13/11		99232	1	125.00	100.06	24.94	HM1	0.00	0.00	0.00	0.00	0.00	100.06
01/14/11-01/14/11		99232	1	125.00	100.06	24.94	HM1	0.00	0.00	0.00	0.00	0.00	100.06
01/15/11-01/15/11		99239	1	180.00	101.75	78.25	HM1	0.00	0.00	0.00	0.00	0.00	101.75
Claim Totals:				1,313.00	796.98	516.02		0.00	0.00	0.00	0.00	0.00	796.98
Interest Amount:				0.00	Subscriber Payment:				0.00	Net Payment:			
Prompt Pay Discount:				0.00	Previous Amount Paid:				0.00				

## Provider Group Summary Totals

Provider Name	Amount Billed	Allowed	Prov Resp	Patient Resp	Member OOP	COB Applied	Net Amount	Interest Amount	Prompt Payment Discount	Subscriber Payment	Prior Paid	Over-payment	Total Payment
KETHA, SUMAN	1,313.00	796.98	516.02	0.00	0.00	0.00	796.98	0.00	0.00	0.00	0.00	0.00	796.98
Totals:	1,313.00	796.98	516.02	0.00	0.00	0.00	796.98	0.00	0.00	0.00	0.00	0.00	796.98
Amounts Recovered:													0.00
Check Amount:													796.98
Remaining Balance:													0.00

## Remark Explanations and Clinical Edits

Claim ID	Line	Code	Explanation
		HM1	Contractual Allowed Amount
110236164700 01			Diagnosis code 496 could involve third-party liability and/or subrogation of benefits.
110236164700 02			Diagnosis code 496 could involve third-party liability and/or subrogation of benefits.
110236164700 03			Diagnosis code 496 could involve third-party liability and/or subrogation of benefits.
110236164700 04			Diagnosis code 496 could involve third-party liability and/or subrogation of benefits.
110236164700 05			Diagnosis code 496 could involve third-party liability and/or subrogation of benefits.
110236164700 06			Diagnosis code 496 could involve third-party liability and/or subrogation of benefits.
110236164700 07			Diagnosis code 496 could involve third-party liability and/or subrogation of benefits.

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2 OF 2

ENV 8294

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

SelectCare Health Plans, Inc.  
dba TexasFirst Health Plan  
Claims Account  
P.O. Box 741107  
Houston, TX 77274-1107

88-130

1119

CHECK NO.: 157041

CHECK DATE: 05/31/11

AMOUNT

\*\*\*\*\*\$796.98

PAY Seven Hundred Ninety Six And 98/100

TO THE ORDER OF SUMANA KETHA MD PA

Bank of America  
Houston, TX

*TH Carpenter*  
*John M. Synder*

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT. HOLD AT AN ANGLE TO VIEW

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