

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

TexanPlus® HMO

201107140436



1 OF 5

Return Service Requested

For questions please call: (800) 958-2707

6995 1-0394 AT 0.487

3-DIGIT 750



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

49

PAYMENT SUMMARY

Paid To: SUMANA KETHA MD PA
Provider #: 201401614100
Payment Date: 07/12/11
Check #: 164193
Check Amount: 1565.15
Reference #: 2011071210300232
Prior Overpayment: 0.00
Overpayment Incurred This Period: 0.00
Recovered This Check: 0.00
Outstanding Overpayment: 0.00

10-IF-TXF0

ENV 6995

Page 1 of 5

HMO Explanation of Payment

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894200				Patient Name: Dora J Thomas Pat Acct #: 356Z5556 Provider: 888000023124				Explanation: 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
05/23/11-05/23/11		99232	1	125.00	69.65	55.35	809	0.00	0.00	0.00	0.00	0.00	69.65
Claim Totals:				125.00	69.65	55.35		0.00	0.00	0.00	0.00	0.00	69.65

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 69.65
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894300				Patient Name: Dora J Thomas Pat Acct #: 359Z5556 Provider: 888000023124				Explanation: 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
05/26/11-05/26/11		99239	1	180.00	101.72	78.28	809	0.00	0.00	0.00	0.00	0.00	101.72
Claim Totals:				180.00	101.72	78.28		0.00	0.00	0.00	0.00	0.00	101.72

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 101.72
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894400				Patient Name: Dora J Thomas Pat Acct #: 346Z5556 Provider: 888000023124				Explanation: 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
05/13/11-05/13/11		99291	1	393.00	218.10	174.90	809	0.00	0.00	0.00	0.00	0.00	218.10
Claim Totals:				393.00	218.10	174.90		0.00	0.00	0.00	0.00	0.00	218.10

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 218.10
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894500				Patient Name: Dora J Thomas Pat Acct #: 349Z5556 Provider: 888000023124				Explanation: 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
05/16/11-05/16/11		99233	1	179.00	100.03	78.97	809	0.00	0.00	0.00	0.00	0.00	100.03
Claim Totals:				179.00	100.03	78.97		0.00	0.00	0.00	0.00	0.00	100.03

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 100.03
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894600				Patient Name: Dora J Thomas Pat Acct #: 353Z5556 Provider: 888000023124				Explanation: 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
05/20/11-05/20/11		99233	1	179.00	100.03	78.97	809	0.00	0.00	0.00	0.00	0.00	100.03

THE EXPLANATION OF RYMAD

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894700 Provider: KETHA, SUMANA													Service Dates 05/14/11-05/14/11 Rev Proc 99291 Units 1 Amount 393.00 Billed 393.00 Allowed 218.10 Resp 174.90 Codes 809 Remark													Interest Amount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 218.10												
Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894800 Provider: KETHA, SUMANA													Service Dates 05/19/11-05/19/11 Rev Proc 99233 Units 1 Amount 179.00 Billed 179.00 Allowed 100.03 Resp 78.97 Codes 809 Remark													Interest Amount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 100.03												
Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894900 Provider: KETHA, SUMANA													Service Dates 05/18/11-05/18/11 Rev Proc 99233 Units 1 Amount 179.00 Billed 179.00 Allowed 100.03 Resp 78.97 Codes 809 Remark													Interest Amount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 100.03												
Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301895100 Provider: KETHA, SUMANA													Service Dates 05/24/11-05/24/11 Rev Proc 99232 Units 1 Amount 125.00 Billed 125.00 Allowed 69.65 Resp 55.35 Codes 809 Remark													Interest Amount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 69.65												
Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301895200 Provider: KETHA, SUMANA													Service Dates 05/15/11-05/15/11 Rev Proc 99291 Units 1 Amount 393.00 Billed 393.00 Allowed 218.10 Resp 174.90 Codes 809 Remark													Interest Amount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 218.10												
Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301895300 Provider: KETHA, SUMANA													Service Dates 05/21/11-05/21/11 Rev Proc 99233 Units 1 Amount 179.00 Billed 179.00 Allowed 100.03 Resp 78.97 Codes 809 Remark													Interest Amount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 100.03												

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Houston, TX 77274-1107



HMO Explanation of Payment

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Member ID #: 099998222-0				Patient Name: Dora J Thomas				Explanation:					
Member Plan: CHN05100				Pat Acct #: 355Z5556				Provider: KETHA, SUMANA					
Claim #: 110301895400				Provider: 888000023124									
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Copay	Co-Ins	Patient Deductible	COB Applied	Net Amount
05/22/11-05/22/11		99232	1	125.00	69.65	55.35	809	0.00	0.00	0.00	0.00	0.00	69.65
Claim Totals:				125.00	69.65	55.35		0.00	0.00	0.00	0.00	0.00	69.65

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 69.65
 Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0				Patient Name: Dora J Thomas				Explanation:					
Member Plan: CHN05100				Pat Acct #: 350Z5556				Provider: KETHA, SUMANA					
Claim #: 110301895500				Provider: 888000023124									
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Copay	Co-Ins	Patient Deductible	COB Applied	Net Amount
05/17/11-05/17/11		99233	1	179.00	100.03	78.97	809	0.00	0.00	0.00	0.00	0.00	100.03
Claim Totals:				179.00	100.03	78.97		0.00	0.00	0.00	0.00	0.00	100.03

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 100.03
 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	2,808.00	1,565.15	1,242.85	0.00	0.00	0.00	1,565.15	0.00	0.00	0.00	0.00	0.00	1,565.15
Totals:	2,808.00	1,565.15	1,242.85	0.00	0.00	0.00	1,565.15	0.00	0.00	0.00	0.00	0.00	1,565.15
Amounts Recovered:												0.00	
Check Amount:												1,565.15	
Remaining Balance:												0.00	

Remark Explanations and Clinical Edits

Claim ID	Line	Code	Explanation
	809		Reimbursement Based on Medicare's Allowable



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6995 1.0394 AT 0.487

3-DIGIT 750



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

49

PAYMENT SUMMARY

Paid To: SUMANA KETHA MD PA
Provider #: 201401614100
Payment Date: 07/12/11
Check #: 164193
Check Amount: 1565.15
Reference #: 2011071210300232
Prior Overpayment: 0.00
Overpayment Incurred This Period: 0.00
Recovered This Check: 0.00
Outstanding Overpayment: 0.00

TO-TF-TX90

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HMO Explanation of Payment

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894200				Patient Name: Dora J Thomas Pat Acct #: 356Z5556 Provider: 888000023124				Explanation: 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
05/23/11-05/23/11		99232	1	125.00	69.65	55.35	809	0.00	0.00	0.00	0.00	0.00	69.65
Claim Totals:				125.00	69.65	55.35		0.00	0.00	0.00	0.00	0.00	69.65

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 69.65
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894300				Patient Name: Dora J Thomas Pat Acct #: 359Z5556 Provider: 888000023124				Explanation: 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
05/26/11-05/26/11		99239	1	180.00	101.72	78.28	809	0.00	0.00	0.00	0.00	0.00	101.72
Claim Totals:				180.00	101.72	78.28		0.00	0.00	0.00	0.00	0.00	101.72

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 101.72
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894400				Patient Name: Dora J Thomas Pat Acct #: 346Z5556 Provider: 888000023124				Explanation: 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
05/13/11-05/13/11		99291	1	393.00	218.10	174.90	809	0.00	0.00	0.00	0.00	0.00	218.10
Claim Totals:				393.00	218.10	174.90		0.00	0.00	0.00	0.00	0.00	218.10

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 218.10
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894500				Patient Name: Dora J Thomas Pat Acct #: 349Z5556 Provider: 888000023124				Explanation: 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
05/16/11-05/16/11		99233	1	179.00	100.03	78.97	809	0.00	0.00	0.00	0.00	0.00	100.03
Claim Totals:				179.00	100.03	78.97		0.00	0.00	0.00	0.00	0.00	100.03

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 100.03
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894600				Patient Name: Dora J Thomas Pat Acct #: 353Z5556 Provider: 888000023124				Explanation: 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
05/20/11-05/20/11		99233	1	179.00	100.03	78.97	809	0.00	0.00	0.00	0.00	0.00	100.03

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Member ID #: 09998222-0 Member Plan: CHN05100 Claim #: 110301894700 Patient Name: Dora J Thomas Pat Acct #: 347Z5556 Provider: 88800023124 Explanation: Provider: KETHA, SUMANA													Service Dates 05/14/11-05/14/11 Rev 99291 Units 1 Amount 393.00 Allowed 218.10 Resp 174.90 Remark 809 Patient 0.00 Resp 0.00 Copay 0.00 Co-Ins 0.00 Deductible 0.00 Applied 0.00 Amount 218.10 Net 218.10													Interest Amount: 0.00 Prompt Pay Discount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 218.10												
Member ID #: 09998222-0 Member Plan: CHN05100 Claim #: 110301894800 Patient Name: Dora J Thomas Pat Acct #: 352Z5556 Provider: 88800023124 Explanation: Provider: KETHA, SUMANA													Service Dates 05/19/11-05/19/11 Rev 99233 Units 1 Amount 179.00 Allowed 100.03 Resp 78.97 Remark 809 Patient 0.00 Resp 0.00 Copay 0.00 Co-Ins 0.00 Deductible 0.00 Applied 0.00 Amount 100.03 Net 100.03													Interest Amount: 0.00 Prompt Pay Discount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 100.03												
Member ID #: 09998222-0 Member Plan: CHN05100 Claim #: 110301894900 Patient Name: Dora J Thomas Pat Acct #: 351Z5556 Provider: 88800023124 Explanation: Provider: KETHA, SUMANA													Service Dates 05/18/11-05/18/11 Rev 99233 Units 1 Amount 179.00 Allowed 100.03 Resp 78.97 Remark 809 Patient 0.00 Resp 0.00 Copay 0.00 Co-Ins 0.00 Deductible 0.00 Applied 0.00 Amount 100.03 Net 100.03													Interest Amount: 0.00 Prompt Pay Discount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 100.03												
Member ID #: 09998222-0 Member Plan: CHN05100 Claim #: 110301895100 Patient Name: Dora J Thomas Pat Acct #: 357Z5556 Provider: 88800023124 Explanation: Provider: KETHA, SUMANA													Service Dates 05/24/11-05/24/11 Rev 99232 Units 1 Amount 125.00 Allowed 69.65 Resp 55.35 Remark 809 Patient 0.00 Resp 0.00 Copay 0.00 Co-Ins 0.00 Deductible 0.00 Applied 0.00 Amount 69.65 Net 69.65													Interest Amount: 0.00 Prompt Pay Discount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 69.65												
Member ID #: 09998222-0 Member Plan: CHN05100 Claim #: 110301895200 Patient Name: Dora J Thomas Pat Acct #: 348Z5556 Provider: 88800023124 Explanation: Provider: KETHA, SUMANA													Service Dates 05/15/11-05/15/11 Rev 99291 Units 1 Amount 393.00 Allowed 218.10 Resp 174.90 Remark 809 Patient 0.00 Resp 0.00 Copay 0.00 Co-Ins 0.00 Deductible 0.00 Applied 0.00 Amount 218.10 Net 218.10													Interest Amount: 0.00 Prompt Pay Discount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 218.10												
Member ID #: 09998222-0 Member Plan: CHN05100 Claim #: 110301895300 Patient Name: Dora J Thomas Pat Acct #: 354Z5556 Provider: 88800023124 Explanation: Provider: KETHA, SUMANA													Service Dates 05/21/11-05/21/11 Rev 99233 Units 1 Amount 179.00 Allowed 100.03 Resp 78.97 Remark 809 Patient 0.00 Resp 0.00 Copay 0.00 Co-Ins 0.00 Deductible 0.00 Applied 0.00 Amount 100.03 Net 100.03													Interest Amount: 0.00 Prompt Pay Discount: 0.00 Subscriber Payment: 0.00 Previous Amount Paid: 0.00 Net Payment: 100.03												

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

HMO Explanation of Payment

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Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301895400				Patient Name: Dora J Thomas Pat Acct #: 355Z5556 Provider: 888000023124				Explanation: 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
05/22/11-05/22/11		99232	1	125.00	69.65	55.35	809	0.00	0.00	0.00	0.00	0.00	69.65
Claim Totals:				125.00	69.65	55.35		0.00	0.00	0.00	0.00	0.00	69.65

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 69.65
Prompt Pay Discount: 0.00 Previous Amount Paid: 0.00

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301895500				Patient Name: Dora J Thomas Pat Acct #: 350Z5556 Provider: 888000023124				Explanation: 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
05/17/11-05/17/11		99233	1	179.00	100.03	78.97	809	0.00	0.00	0.00	0.00	0.00	100.03
Claim Totals:				179.00	100.03	78.97		0.00	0.00	0.00	0.00	0.00	100.03

Interest Amount: 0.00 Subscriber Payment: 0.00 Net Payment: 100.03
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	2,808.00	1,565.15	1,242.85	0.00	0.00	0.00	1,565.15	0.00	0.00	0.00	0.00	0.00	1,565.15
Totals:	2,808.00	1,565.15	1,242.85	0.00	0.00	0.00	1,565.15	0.00	0.00	0.00	0.00	0.00	1,565.15
Amounts Recovered:													0.00
Check Amount:													1,565.15
Remaining Balance:													0.00

Remark Explanations and Clinical Edits

Claim ID	Line	Code	Explanation
	809		Reimbursement Based on Medicare's Allowable



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

Return Service Requested

3-DIGIT 750

6995 1.0394 AT 0.487



SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 75038-3510 49

ENV 6995 5 OF 5 F

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.: 164193
CHECK DATE: 07/12/11

AMOUNT

*****\$1,565.15

PAY One Thousand Five Hundred Sixty Five And 15/100

TO THE ORDER OF SUMANA KETHA MD PA

Bank of America
Houston, TX

John M. Synder
John M. Synder

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

0000164193 111901302 002330945655

4985255

