TexanPlus® HMO

201107140136

Return Service Requested

For questions please call: (800) 958-2707



6995 1-0394 AT 0-487

A GM AHT33 ANAMUZ
R R RIJ YAWYS 25PS
O425-8E027 XT -75NIVRI

3-DIGIT 750

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

Page 1 of 5

HMO Explanation of Payment

Member ID #: Member Plau: Claim #:	CHN051	00			Pa	t Aect #: 350	ra J Thomas 5Z5556 8000023124		E	xplanation: Provider:	KETHA, SUP	MANA	
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Сорау	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
	*	ClaimTo	itals:	125.00	69.65	55,35		0.00	0.00	0.00	0.00	0.00	69,65

Interest Amount: Prompt Pay Discount: 0.00 0.00

Subscriber Payment: Previous Amount Paid: 0.00

Net Payment:

69.65

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #: 110301894300

Patient Name: Dora J Thomas Pat Acct #: 359Z5556 Provider: 888000023124 Explanation:

Provider: KETHA, SUMANA

Cigini #.	11050105	7.700				TOVIUCE. BOO	0000023124			130VIGCI.	IXITITITY, OXA	V1/31 V/3	
				Amount		Prov	Remark	Patient			Patient	COB	Net
Service Dates	Rev	Proc	Units	Billed	Aflowed	Resp	Codes	Resp	Copay	Co-lns	Deductible	Applied	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
		ClaimTo	tals:	180.00	101,72	78.28		0,00	0.00	0.00	0.00	0.00	101.72

Interest Amount: Prompt Pay Discount: 0.00

Subscriber Payment:

Patient Name: Dora J Thomas

0.00

Net Payment:

101.72

Member ID #: 099998222-0 Member Plan: CHN05100

0.00

Previous Amount Paid:

0.00

Explanation:

Member Plan: Claim #:						Acct #: 346 rovider: 888	5Z5556 8000023124			Provider:	KETHA, SUN	MANA	
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Сорау	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
		ClaimTo	tals:	393,00	218.10	174.90		0.00	0.00	0.00	0.00	0.00	218.10

Interest Amount: Prompt Pay Discount:

0.00

Subscriber Payment: Previous Amount Paid:

0.00

Net Payment:

218.10

Member ID #: 099998222-0 Member Plan: CHN05100

Patient Name: Dora J Thomas Pat Acct #: 349Z5556

Claim #:	11030189	4500			P	rovider: 888	8000023124			Provider:	KETHA, SUN	<i>I</i> ANA	
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
		ClaimTo	tals:	179.00	100.03	78.97		0.00	0.00	0.00	0.00	0.00	100.03

Interest Amount: Prompt Pay Discount: 0.00 0.00

Subscriber Payment: Previous Amount Paid:

0.00 0.00 Net Payment:

100.03

Member ID #:	099998222-0
Member Plan:	CHN05100
Claim #:	110301894600

Patient Name: Dora J Thomas Pat Acet #: 353Z5556 Provider: 888000023124 Explanation:

Explanation:

Provider: KETHA, SUMANA

	Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Сорау	Co-Ins	Patient Deductible	COB Applied	Net Amount
ſ	05/20/11-05/20/11		99233	1	179,00	100.03	78.97	809	0,00	0.00		0.00	0.00	100.03

100.03	gyment:	I 19N			00.0		criber Payr I AmounA st		00.0 00.0	_	:Amount: :3ano3siQ		91 4
100.03	00.0	00.0	00 0	00.0	00.0		L6.8T	100.03	00.971	:sls	i ToTmislO	_	
100.03	00.0	00.0	00.0	00.0	00.0	608	76.87	100.03	179.00		66733		11/17/50-11/17/50
19N tanomA	COB COB	Patient slditsubsG	saf-oD	Copay	Patient Resp	Remark	Prov	bawolfA	Junom A ballid	stiaU	3014	үэЯ	Service Dates
		KELHY' 2NW	:aoisaasiga rovider:	प		9\$\$\$Z	лоС :энви Фее! # 159А 888 :тэвічо	1sq			C	0HZ0NHC	Member ID #: (Member Plan: (Claim #:
01.812	,87 աշալ։	Į IPN			00.0		ryber Payr TunomA su		00.0		:Amonat: Discount:		or¶
01.812	00.0	00.0	00.0	00.0	00.0		06°1/L1	01.812	00.E9E	sje:	ClaimTot		
518 10	00.0	00.0	00.0	00.0	00.0	608	06.471	01/817	00.898	Ţ	16766		11/51/50-11/51/50
запошА	bailqqA	Deductible	snI-oO	Сорау	Resp	Codes	qesy	pawollA	bəllið	etinU	oorq	Rev	Service Dates
19N	COB	KETHA, SUN	Frovider:	<u> </u>	109its4	#21520000	ovider: 888 Prov	la	Junom V		0075	68106011	:# misE)
	*1(**	10 10 11 112.0.21	:aoissasiqa	G I			848 :# 199 A	184			0	01 5 0NHC	Member ID #: (
59.69	,ayment:	I JƏN			00.0		iya¶ asdins JanomA su		00.0		Amount: Discount:		ાતુ
59'69	00.0	00.0	00.0	00.0	00.0		SE.SS	59.69	152.00	:sls:	ClaimTo		
\$9.69	00.0	00.0	00.0	00.0	00.0	608	SE.88	\$9.69	175 00	1	66535		11/07/50-11/07/50
15N InnomA	Applied COB	Patient Deductible	Co-Ins	Copay	Patient qesA	Kemark Codes	Prov	рэмойА	Amount ballist	stin()	oord	үэЯ	Service Dates
77		KELHY' 2NV	:planation: 	GI .	1 424	421520000	Acet #: 357 888 : 357	164	, , , , , , , , , , , , , , , , , , , ,	1	0	CHMO210) :# Of nachen) :nal9 nachen!/ :# mis[)
£0,001	:յսշահե	I Jan			00.0	:bisq	criber Payı us Amount	Previo	00.0		Amount: Discount:	увч эдшо	
50'001	00.0	00.0	00.0	00.0	00.0		70.87	100.03	00.671] :sib	ClaimTo		
E0'001	00.0	00.0	00.0	00.0	00.0	608	79.8T	100.03	00.071	<u> </u>	69233		11/81/50-11/81/50
JanomA	bəilqqA	9lditaub9G	8n1-oO	Copay	Kesp	Codes	цеsb	bowolfA	Billed	stiaU	Proc	Кеу	Service Dates
19N	COB	KELHY' 2017 Batient	: Japan Li] tasitsq	Kemark	888 : yəbiyo: Vorq		JanomA	<u> </u>	006+	-colocali	:# mistO
	VINV	VIII VIII VII	:aohanalqx	Ħ			15E:#199V) g 4			0	OTSONHO	Member ID #: (Member Plan: 6
£0'001	:заршев;	I 15N			00°0 00°0		iya¶ rədirə tanomA su		00.0 00.0		:JanomA) Discount:		⁾ 14
E0 001	00.0	00'0	00.0	00 0	00.0		L6.8L	£0.001	179.00	:8 8:	oTmistO	T	·
JanomA :0,001	bəilqqA 00.0	oldiiənbəd 00.0	8nf-oO 0.00	Vaqo 2)	0.00 dsɔЯ	səboD 809	<i>1</i> 83 № дея	bawoll& E0.001	bəHi8	stin()	99233 99233	Кел	Service Dates 11/61/20-11/61/20
19N	COB) troits 4	<u> </u>		hasited	Kemark	Prov	<u> </u>	JunomA		2001	50105011	1// ******
													:# mistO
	VIVV	KELHY' 201	:planation: Provider:	ઞ		sa Thomas 25556 4215200003	Aeet #: 352	is4			0	CHM0210	Member ID #:
518'10	իяչտенն:		_	સ	00.0	taid: semonTite: second	Aeet #: 352	oiver4 asits4 ts4	00.0		1 Amount: Discount:	CHM0210 06666855 owbt bay	Member ID #:
71817	937тепс:	00:0 139N	00.00 :nobenelgx	00.0	00.0	nent: Paid: Thomas SSSSS	00.471 seriber Pay tuonn As tooti :: Doi	01.812 duS oiverA aedisA psq	00.898	sis:	oTmistO :SunomA t :Suscount: :0-2	CHM0210 06666855 o <mark>wbt ba</mark> x	Member ID #:
71817	0.00 0.00	00.0 00.0	00.0 00.0 :nobenelqx	00.0	00.0	809 thent: Paid: Paid: Paid:	00.471 00.471 seriber Pay tuomA au toune: Dou	01.812 01.812 du? oiver¶ neits¶	00,89£ 00,89£ 00,0	ı	19299 OminTo OmounA 1 Discount: 0-0-0	Interessing Pay	11/4/1/-0-/11/4//20
71817	937тепс:	00:0 139N	00.00 :nobenelgx	00.0	00.0	nent: Paid: Thomas SSSSS	00.471 seriber Pay tuonn As tooti :: Doi	01.812 duS oiverA aedisA psq	00.898	stiaU 	oTmistO :SunomA t :Suscount: :0-2	CHM0210 06666855 o <mark>wbt ba</mark> x	Wember ID #:
1817 1817	Applied 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	KETHA, SUN Patient Deductible 0.00 0.00	8mf-6-7 0,00 0,00 0,00	Соряу 0.00 00.0	48esp 00.00 00.00 00.00	Remark Codes 809 809 ment: Paid: Paid:	746: #: 190A 70A 70A 70A 70A 70A 70A 70A 7	Pal	bəlli8 00.59£ 00.59£ 00.00	ı	0.000	CHNOS10	11/41/20-11/41/20
71810 51810 51810	Applied 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	KETTHA, SUN	Provider: and 0.00 0.00 0.00 0.00	Соряу 0.00 00.0	48esp 00.00 00.00 00.00	Paid: 72.5556 6000023124 Remark Codes 809 ment: Paid: Paid: Paid: Paid:	746: #: 190A 70A 70A 70A 70A 70A 70A 70A 7	Previoral patients of the pati	bəlli8 00.59£ 00.59£ 00.00	ı	0.000	00000 FEE OUT	Member ID #: Member Plan: Claim #: Service Dates Service Dates Os/14/11-05/14/11 Pre Pre Member ID #:

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



69.65

100.03

HMO Explanation of Payment

Interest Amount:

ClaimTotals:

Page 2 of 5

Net Payment:

Net Payment:

Member 1D #: Member Plan: Claim #:	CHN051	00			Pa	t Acet#: 355	ra J Thomas 5Z5556 8000023124			xplanation: Provider:	KETHA, SUI	MANA	
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
		ClaimTe	tals:	125.00	69.65	55.35		00,0	0.00	0.00	0.00	0.00	69.65

0.00

0.00 0.00 Previous Amount Paid: **Prompt Pay Discount:** Member ID #: 099998222-0 Patient Name: Dora J Thomas Explanation:

Subscriber Payment:

Member Plan: CHN05100 Pat Acet#: 350Z5556 Provider: KETHA, SUMANA Claim #: 110301895500 Provider: 888000023124 Prov Remark Patient Net Amount Patient Billed Copay Deductible Applied Service Dates Units Allowed Co-lus Amount Rev Proc Resp Codes Resp 05/17/11-05/17/11 179.00 809 0.00 0.00 0.00 0.00 100.00 99233 100.03 0.00 78.93 179,00 100.03 78.97 0.00 0.00 0,00 0.00 0.00 100.03

0.000.00 Interest Amount: Subscriber Payment: Prompt Pay Discount: 0.000.00Previous 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
			,			······				<u> </u>	Amounts	Recovered:	0.00
											Chec	k Amount:	1,565.15
											Remainii	ng Balance:	0.00

Remark Explanations and Clinical Edits

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

-		

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

TexanPlus[®] HMO



Return Service Requested

For questions please call: (800) 958-2707

6995 L.OB94 AT O.487

2925 SKYWAY CIR N IRVING, TX 75038-3510

3-DIGIT 750

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

Page 3 of 5

HMO Explanation of Payment

Member ID #: Member Plan: Claim #:	CHN051	00			Pat	Acct #: 356	ra J Thomas 5Z5556 8000023124		E	xplanation: Provider:	KETHA, SUN	MANA	
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Copay Co-Ins Patient COB No Deductible Applied Amo				
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
	L	ClaimTo	tals:	125.00	69.65	55,35		0.00	0.00 0.00 0.00 0.00 0.00 69.69				

Interest Amount: Prompt Pay Discount: 0.00

Subscriber Payment: Previous Amount Paid:

0.00 0.00

Net Payment:

69.65

Member ID #: 099998222-0 Member Plan: CHN05100 Claim #+ 110301804300 Patient Name: Dora J Thomas Pat Acet #: 359Z5556 Provider: 888000023124

Explanation:

Explanation:

Explanation:

Provider: KETHA SUMANA

Claim #.	1103010	74.300				i Origina doc	1000023124			1 TOTAGET.	112 11111, 0000	717 31 17 1	
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	$\neg \neg$	180,00	101.72	78.28	809	0,00	0.00	0.00	0.00	0.00	101.72
	<u> </u>	ClaimTo	tals:	180.00	101.72	78.28		0.00	0.00	0,00	0.00	0.00	101.72

Interest Amount: Prompt Pay Discount:

0.00 0.00 Subscriber Payment:

Patient Name: Dora J Thomas

0.00 0.00

Net Payment:

101.72

Member ID #: 099998222-0 Member Plan: CHN05100

Previous Amount Paid:

Pat Acct #: 346Z5556 Provider: 888000023124 Provider: KETHA, SUMANA Claim #: 110301894400 Patient Net Amount Prov Remark Patient COR Copay Service Dates Billed Co-Ins Deductible Applied Amount Rev Proc Units Allowed Resp Codes Resp 174.90 05/13/11-05/13/11 99291 393.00 218.10 809 0.00 0.00 0.00 0.00 0.00 218.10 393.00 218.10 174.90 0.00 0.00 0.00 218.10 Claim Totals:

Interest Amount: Prompt Pay Discount: 0.00 0.00

Subscriber Payment: Previous Amount Paid:

0.00

Net Payment:

218,10

Member ID #: 099998222-0 Member Plan: CHN05100

Patient Name: Dora J Thomas Pat Acet #: 349Z5556

ĺ	Claim #:	11030189	94500			P	rovider: 888	3000023124			Provider:	KETHA, SUN	AANA	
	Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Сорау	Co-Ins	Patient Deductible	COB Applied	Net Amount
ĺ	05/16/11-05/16/11		99233	ı	179.00		78.97	809	0.00	0.00	0.00	0.00	0.00	100.03
			ClaimTo	tale	179.00	100.03	78,97		0.00	0.00	0.00	0.00	0.00	100.03

Interest Amount: Prompt Pay Discount:

0.00 0.00

Subscriber Payment: Previous Amount Paid:

0.00 0.00

Net Payment:

100.03

Member ID #: Member Plan:						t Name: Do Acet #: 35]	ra J Thomas 325556		E	xplanation:			
	11030189						8000023124			Provider:	KETHA, SUI	MANA	
		D		Amount	4.11	Prov	Remark	Patient	Copay	Co-Ins	Patient Deductible	COB Applied	Net
Service Dates 05/20/11-05/20/11	Rev	Proc 99233	Units	Billed 179 00	Allowed	Resp 78 97	Codes 809	Resp 0.00		0.00	0.00	0.00	Amount 100.03

100,03	syment:	I IÐN			00.0		eriber Payn BanomA sı		00.0	—' Interest Amount:					
100.03	00.0	00.0	00.0	00.0	00.0		L6 8L	£0.001	00'641	:sla	OfainTo	·			
100.03	00.0	00.0	00.0	00.0	00.0	608	L6'8L	£0.001	00.671		99233		11/17/90-11/17/		
1mom A	bailagA	Deductible	sal-oD	Copay	Resp	Codes	Kesp	bswollA	Billed	stinU	oorq	Kev	ervice Dates		
19N	COB	insiik ^q		<u> </u>	Insiing	Remark	Prov		tanomA	<u> </u>		1			
	ANAI	KELHY' 2014	Provider:				1425 :# 199 . 1888 :µabiya					H0301862	i:nsl9 rədməN ⊖imisi⊃		
			:aoitsaslqz	(31			noC :amsV						Member ID #:		
01.812	, «ծ ա գր	I 19N			00.0		ayst Tagina I tanomA si		00.0		:tanomA :tanoseiG	issvetal Vaff igmo	^{પ્ર} ા		
01.812	00.0	00'0	00.0	00 0	00.0		114.90	01.812	00.565	:sls:	OlaimTo	· •			
218.10	00.0	00.0	00.0	00.0	00.0	608	174.90	218.10	00.565	1	16766		11/\$1/\$0-11/\$1/		
15N Amount	Vbbjied COB	Patient Deductible	sal-oD	Copay	Patient Resp	Remark Codes	Prov	bswoffA)anomA belliff	stinU	oor4	Rev	service Dates		
	ANA	KELHY' 2014	Provider:				Acet #: 348 0vider: 888					110301863 CH/002100	Member Plan: :# mislD		
			:aoitsasiqx	নে			Name: Dor		·····				Member ID #:		
\$9'69	:թոջածը;	I IPN			00.0		аувЧ тэфічэ ГэновиА гі		00.0		:Amount: Discount:	Interest	^ત 4		
£9'69	00.0	00.0	00.0	90.0	00.0		SE.82	\$9.69	125.00	:slai	oTmisl)				
59 69	00.0	00.0	00.0	00.0	00.0	608	25.22	\$9.69	125.00	1	99232	 	11/47/50-11/47/		
15M AmontA	Applied COB	Patient Deductible	sal-oO	Copay	Patient qesH	Kemark Codes	Prov	Айомед) nuomA belliff	stinU	oor4	УэЯ	ervice Dates		
	VNV	KELHY' 2014	:planation:	(7)		99997	noC : ame/ Acc : # 35A 888 : 35bivo	tsq			0		Member ID #: Member Plan: Claim #:		
£0,001	ի գչութւու:	LIPN			00.0 00.0	:bisq	criber Payr 1s Amount	Previor	00.0			отрі Рау			
£0,001	00.0	00.0	00.0	00.0	00.0	7	L6.8L	E0 001	00.671	isis:	oTmislO	-			
E0.001	00.0	00.0	00.0	00.0	00.0	608	L6'8L	100.03	00.971	1	66766		11/81/50-11/81/		
3anomA	Applied COB	Patient ofditonbot	Co-las	Соряу	Patient	Kemark Codes	Gesp Prov	БэмойА)anomA bəlli8	stinU	Proc	Rev	service Dates		
		KELHY' 201	_	*		9999Z	Acet #: 351 ovider: 888	184		·	0		Member Plan:		
			:noitensiqx	`d		· · · · · · · · · · · · · · · · · · ·	ToO :smsN				· · · · · · · · · · · · · · · · · · ·		Member ID #:		
£0.001	իռչունը:	ΙÞΝ			00.0 00.0		criber Payı is Amount		00.0 00.0	_	nnomy 1	Interest ompt Pay	1 4		
£0:001	00.0	00.0	00.0	00.0	00.0		L6'8L	£0.001	00.971	:sls:	eTmist3	г			
100.03	00.0	00.0	00.0	00.0	00.0	608	76.87	£0.001	00.971	1	99233		11/61/\$0-11/61/		
isN JanomA	COB	Patient 9lditoubot	sal-o.)	Copay	Patient qesH	Remark Codes	Prov Prov	рэмону	tanom A belli&	thin	901A	Rev	sats@ anivraé		
	378(371)	KELHY' 201	Provider:				Acet #: 352 ovider: 888	18 ⁴			0		Member ID #: Member Plan: Claim #:		
	VINV		:noitensiqx	3		samorIT L s	10G :smaN :	ingitud							
01,812	րոչուն:	19N	:notinanlqx	9	00.0	:bisq	criber Payr us Amount Vame: Do	Previo	00.0			graf iqmo	ra		
71810	0.00 Payment:	00.0	00.0	00.0	00.0	ment: Paid:	174.90 ryber Payi us Amount	218.10 Sdubs	00.EQE 00.0	isls:	oTaintO :Amount: :Discount:	graf iqmo			
218.10	00.0 00.0 :}namye9	00.0	00.0	00.0	00.0 00.0 00.0	809 ment: Paid:	174 90 174 90 174 90 14 Amount	218.10 2.812 Subs	00.898 00.898 00.0	1	19299 • Taisl • Janoah 1 • Sistemat:	Interess	11/#1/\$0-11/#1/\$		
71810	0.00 Payment:	00.0	00.0	00.0	00.0	ment: Paid:	174.90 ryber Payi us Amount	218.10 Sdubs	00.EQE 00.0	Stin(J i isls:	oTaintO :Amount: :Discount:	graf iqmo			
Amount 218.10	COB 0:00 0:00 0:00 0:00 0:00 0:00 0:00 0:	91ditənb9G 00.0 00.0	snl-oO 00.0 00.0	00.0	Kesp 0.00	Ment: Paid: Paid: Paid:	vorider: 888 Prov Resp 174,90 174,90 174,90 Priber Payi	Allowed 218.10 218.30 Subs	bəlli8 00.898 00.898 00.00	1	4700 Proc OlainTo ChainTo Amount:	Rev Interest	:# misE) səlsE əvivtə? 11/41/20-[17/41/2		
Net Amount 21810 21810	COB 0:00 0:00 0:00 0:00 0:00 0:00 0:00 0:	Patient olditonbed 00.0 00.0	snl-oO 00.0 00.0	Copay 0.00	Kesp 0.00	Ment: Paid: Paid: Paid:	Acet #: 347 Prov Resp 174.90 174.90 174.90 174.90 174.90	14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	bəlli8 00.898 00.898 00.00	1	dyno Proc 99291 ClainTo Amount:	prices Revenue 11030189	səlBÜ əsivtək 11/41/20-11/4/1/		
Net Amount 21810 21810	Payment: COB 0.00 0.00 AANA	Net Patient Patient SUN Patient	xplanation: Provider: Co-lns 0.00	Copay 0.00	0.00 Patient Resp 0.00 0.00	Paid: 23 J Thomas 2.5556 0000023124 Remark Codes 809 809 Paid:	Acet #: 347 Prov Resp 174.90 174.90 174.90 174.90 174.90	Subs Previo Patient Patient Previo 218,10 218,10 218,10 Subs Previo	00.0 00.0 00.898 00.898 00.898	stinU 1	f Amount: Discount: 0.0 4700 Proc 99291 Clain/To	Ompt Pay	Member ID#: Member Plan: Claim #: Selvice Dates TI\hIFig. 1.5.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.7.		
Net 218 10	ANANANANANANANANANANANANANANANANANANAN	Net Patient Patient SUN Patient	Provider: 0.00 0.00	Copay 0.00	0.00 Patient Resp 0.00 0.00	Paid: 23 J Thomas 2.5556 0000023124 Remark Codes 809 809 Paid:	InnomA su Ama: Dor Act #: 347 Act #: 888 Side of the Best Park 100 MA 100 MA 10	Patient Patient Pat Patient Allowed 218.10 218.30 Subs	00.00 Amount bellist 00.808 00.808	stinU 1	Discount: 2-0 4700 Proc 99291 ClainTo ClainTo	Ompt Pay	Member ID#: Member Plan: Claim #: Selvice Dates TI\hIFig. 1.5.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.5.7.1.5.7.		

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



Remaining Balance:

0.00

OFSE

HMO Explanation of Payment

Page 4 of 5

Member ID #: Member Plan: Claim #:	CHN051	00			Pat	Acet #: 355	ra J Thomas 57.5556 3000023124		8 €	xplanation: Provider:	KETHA, SUN	MANA	
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Сорау	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
The transfer of the second sec		ClaimTo	tals:	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

0.00

Member 1D #: Member Plan: Claim #:	CHN051	00			Pat	Acet #: 350	ra J Thomas 0Z5556 8000023124		15	xplanation: Provider:	KETHA, SUN	MANA	
Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Сорау	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
		ClaimTo	itals:	179.00	100.03	78.97		0.00	0.00	0.00	0.00	0.00	100,03
	Intere	st Amount:		0.00	Subs	scriber Pay	ment:	0.00			Net	Payment:	100.03

Prompt Pay Discount: 0

Provider Gr	oup Sun	nmary T	Cotals										
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
,						<u></u>				<u> </u>	Amounts	Recovered:	0.00
											Chec	ek Amount:	1,565.15

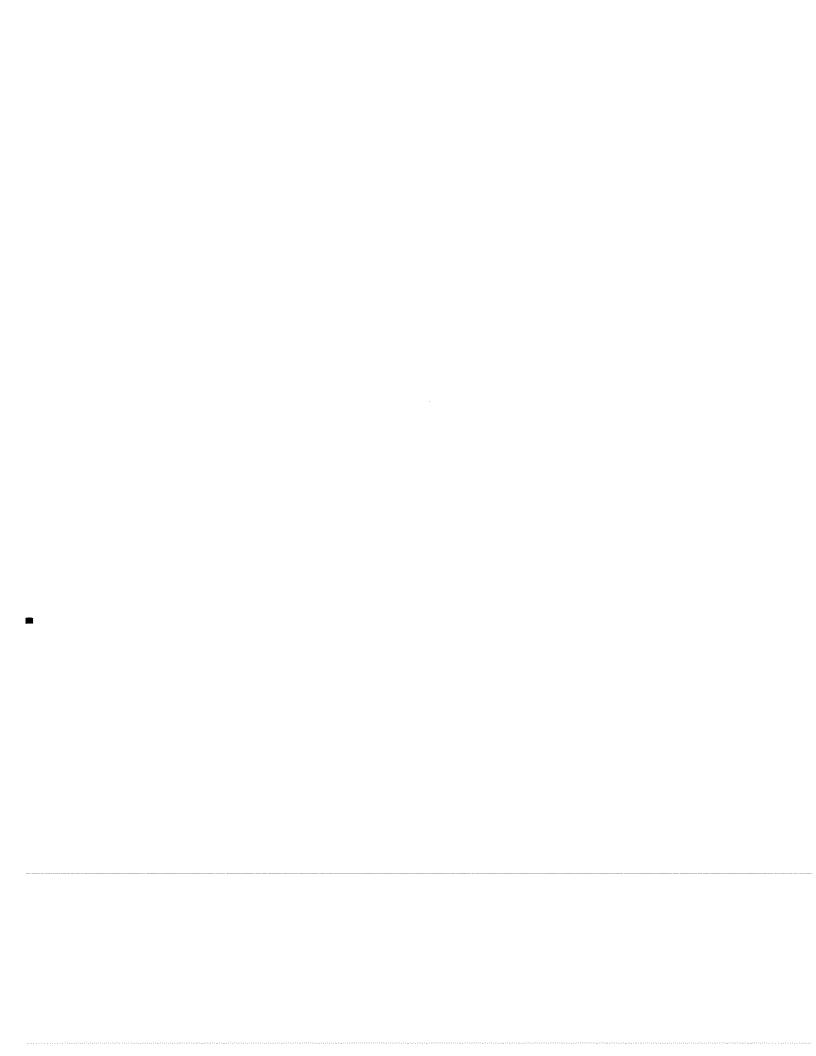
Remark Explanations and Clinical Edits

Previous Amount Paid:

Claim ID Line Code Explanation 809 Reimburseme

Reimbursement Based on Medicare's Allowable

0.00



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

AG GM AHTS ANAMUZ AG ST YAWYNZ 25E BUST XT FOILVII

FOR SECURITY PURPOSES, THE PAGE OF THIS DOCUMENT CONTAINS

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

PAY One Thousand Five Hundred Sixty Five And 15/100

TO THE ORDER OF

(7)

SUMANA KETHA MD PA

Bank of America Houston, TX

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

1119

CHECK NO.: 164193

CHECK DATE: 07/12/11

AMOUNT

*****\$1,565.15

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

MARRIMS - FO MUT CASH CHECK WITHOUT NOTING WATERMARK, HOLD AT ANOLE TO VERBY MATERMARK.

SICHTURE KNOW YOUR ENDORSER RECKIRE DENTHELY HOW

The following contrast and optioning operation and set of the through give on the set of the following give on the set of the following period does be applied to the conference of the set of the set