SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

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TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Mailroom
12357B Riata Trace Parkway
Suite 150
Austin, Texas 78727

Address SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

Date 06/08/2012

Subject: Returned claims/correspondence/documentation

TMHP cannot process your submitted documentation. TMHP is returning a copy of the first page of the information you submitted for appropriate identification. Please follow the additional instructions on this letter and resubmit all requested documentation.

Any and all information and/or documentation submitted in response to this letter must be received by Texas Medicaid & Healthcare Partnership (TMHP) within 120 days from the date of this letter. Information and/or documentation not received within 120 days will cause your claims to deny. You must attach a copy of this letter with each claim re-submission to show proof of timely filing. No further action will be taken by TMHP until the information requested below has been provided and/or corrected.

If you would like assistance with the claims submission process refer to the Texas Medicaid Provider Procedures Manual or the CSHCN Services Program Provider Manual. Additional assistance is available by calling the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.

Your correspondence is being returned for the following reason(s):

1) **Medicare paper claims (including Medicare denials) must be filed with a completed claim form and one of the approved HHSC Medicare Remittance Advice Notices (MRANs).**

TMHP generated copy of DCN 201216049000910

If you are not enrolled in the Texas Medicaid Program or need an additional provider number for a new location, visit www.tmhp.com <http://www.acs-inc.com> for an enrollment application or call TMHP Customer Service at 1-800-925-9126.

Quick Tips for Expediting Paper Claims

DO

1) Use original claim forms
2) Use black ink (not a black marker)
3) Print claim data within defined boxes on the claim form
4) Use all capital letters
5) Use a laser printer for best results
6) Use paper clips on claims or appeals if they include attachments
7) Detach claims at perforated lines before mailing
8) Use 10x13 inch envelopes to mail claims.
9) Use the HHSC approved Medicare Remittance Advice Notice, or an MRAN printed from Medicare Remit Easy Print (MREP) (professional services) or PC-Print (institutional services) when sending the Remittance Advice from Medicare.
10) All MRANs and R&Ss must be accompanied by a claim form
11) Place the claim form on top when sending new claims, followed by any medical records or attachments.
12) Number the pages appropriately when sending attachments, (e.g., 1 of 2, 2 of 2).
13) Indicate continuation when multiple claims for the same client.
14) Print using Courier-10 pitch (12-point)

DON'T

1) Don't use copies of claim forms
2) Don't use red ink or highlighters
3) Don't use dashes or slashes in date fields
4) Don't use fonts smaller than 10 points
5) Don't use a dot matrix printer, if possible
6) Don't use labels, stickers or stamps
7) Don't use glue, tape, or staples
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10) Don't use paper smaller or larger than 8 ½ x 11. Scan equipment will accept 8 ½ x 11 paper.
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13) Don't use Proportional fonts

TMHP generated copy of DCN 201216049000910

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 530508216	6 Medicare Paid Date: 07/19/2011
7 Client Last Name: Pitman	8 Client First Name: Jerry
9 Medicare ICN: 2211186197530	10 Client HIC Number: 452401970A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	05/05/2011	05/05/2011	31	1	99310		223	123.71	99.29	24.74	98.97	
2													
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	223	123.71	99.29	24.74	98.97	1 of 3
13 Medicare Prev Paid						

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Save As

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TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 07/19/2011
PAGE #: 1

CHECK/EFT #: 880170212

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS / SUB-NOS	BILLED / SUB-PROC	ALLOWED / GRP/CARC	DEDUCT / CARC-AMT	COINS / ADJ-QTY	PROV-PD
RARC									
NAME:PITMAN, JERRY			HIC:452401970A	ACNT:690Z5556		ICN:2211186197530	ASG:Y	MOA:MA01	
1962447805	0505	050511	31 99310	1.000	223.00	123.71	0.00	24.74	98.97
						CO-45	99.29		

CNTL #: 85556K650K9

PT RESP	24.74	CLAIM TOTALS	223.00	123.71	0.00	24.74	98.97
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	98.97

TMHP generated copy of DCN 2012160490000910

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Julian Date 12160

Clerk TEMP02

Date 06/08/2012

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TMHP generated copy of DCN 201216049000906

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 530508216	6 Medicare Paid Date: 10/25/2011
7 Client Last Name: Pitman	8 Client First Name: Jerry
9 Medicare ICN: 2211286434410	10 Client HIC Number: 452401970A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	07/10/2011	07/10/2011	31	1	99309		150	83.40	66.60	16.68	66.72	
2	183413701 / 1962447805	08/10/2011	08/10/2011	31	1	99309		150	83.40	66.60	16.68	66.72	
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	300.00	166.80	133.2	33.36	133.34	3 of 3
13 Medicare Prev Paid						

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Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000906

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 10/25/2011
PAGE #: 1

CHECK/EFT #: 880943783

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS / SUB-NOS	BILLED / SUB-PROC	ALLOWED / GRP/CARC	DEDUCT / CARC-AMT	COINS / ADJ-QTY	PROV-PD / RARC
NAME:PITMAN, JERRY		HIC:452401970A		ACNT:2524Z5556		ICN:2211286434410	ASG:Y	MOA:MA01	
1962447805	0710 071011	31	99309	1.000	150.00	83.40	0.00	16.68	66.72
						CO-45	66.60		
CNTL #: 85556K3478K9									
1962447805	0810 081011	31	99309	1.000	150.00	83.40	0.00	16.68	66.72
						CO-45	66.60		
CNTL #: 85556K3479K9									

PT RESP	33.36	CLAIM TOTALS		300.00	166.80	0.00		33.36	133.44
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE		0.00		NET	133.44

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Julian Date 12160

Clerk TEMP02

Date 06/08/2012

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TMHP generated copy of DCN 201216049000905

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha, MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 523311147	6 Medicare Paid Date: 10/25/2011
7 Client Last Name: Stephenson	8 Client First Name: Frank
9 Medicare ICN: 2911263003810	10 Client HIC Number: 450344210A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	08/09/2011	08/09/2011	21	1	99233		179	30.39	148.61	6.08	24.31	
2	183413701 / 1962447805	08/10/2011	08/10/2011	21	1	99232		125	69.67	55.33	13.93	55.74	
3	183413701 / 1962447805	08/11/2011	08/11/2011	21	1	99232		125	69.67	55.33	13.93	55.74	
4	183413701 / 1962447805	08/12/2011	08/11/2011	21	1	99232		125	69.67	55.33	13.93	55.74	
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	554.00	239.40	314.60	47.87	191.53	1 __ of 1

13 Medicare Prev Paid

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Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000905

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 10/25/2011
PAGE #: 1

CHECK/EFT #: 880943783

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:STEPHENSON, FRANK HIC:450344210A	ACNT:215625556		ICN:2911263003810	ASG:Y	MOA:MA01	MA07
1962447805 0809 080911 21 99233	1.000	179.00	30.39	0.00	6.08	24.31
			CO-236	148.61		
CNTL #: 85556K2666K9						
1962447805 0810 081011 21 99232	1.000	125.00	69.67	0.00	13.93	55.74
			CO-45	55.33		
CNTL #: 85556K2667K9						
1962447805 0811 081111 21 99232	1.000	125.00	69.67	0.00	13.93	55.74
			CO-45	55.33		
CNTL #: 85556K2668K9						
1962447805 0812 081211 21 99232	1.000	125.00	69.67	0.00	13.93	55.74
			CO-45	55.33		
CNTL #: 85556K2669K9						
PT RESP 47.87	CLAIM TOTALS	554.00	239.40	0.00	47.87	191.53
ADJ TO TOTALS: PREV PD	INTEREST	0.08	LATE FILING CHARGE	0.00	NET	191.61

CLAIM INFORMATION FORWARDED TO: TX HEALTH & HUMAN SERVICES COMMI

TMHP generated copy of DCN 2012160490000905

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Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumana Ketha MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 530985090	6 Medicare Paid Date: 08/09/2011
7 Client Last Name: Dean	8 Client First Name: Christopher
9 Medicare ICN: 3211210066070	10 Client HIC Number: 439928745A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1356565865	04/02/2011	04/02/2011	31	1	99309		150.00	85.70	64.30	17.14	68.56	
2	183413701 / 1356565865	04/06/2011	04/06/2011	31	1	99309		150.00	85.70	64.30	17.14	68.56	
3	183413701 / 1356565865	05/05/2011	05/05/2011	31	1	99310		223.00	127.01	95.99	25.40	101.61	
4	183413701 / 1356565865	05/12/2011	05/12/2011	31	1	99309		150.00	85.70	64.30	17.14	68.56	
5	183413701 / 1356565865	05/19/2011	05/19/2011	31	1	99309		150.00	85.70	64.30	17.14	68.56	
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	823	469.81	353.19	93.96	375.85	1 __ of 1

13 Medicare Prev Paid

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Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000909

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P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 08/11/2011
PAGE #: 1

CHECK/EFT #: 880323055

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:249Z5556		ICN:3211210066070	ASG:Y	MOA:MA01	
1962447805 0402 040211 31 99309	1.000	150.00	85.70	0.00	17.14	68.56
			CO-45	64.30		
CNTL #: S5556K339K9						
PT RESP 17.14	CLAIM TOTALS	150.00	85.70	0.00	17.14	68.56
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	68.56

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:250Z5556		ICN:3211210066080	ASG:Y	MOA:MA01	
1962447805 0406 040611 31 99309	1.000	150.00	85.70	0.00	17.14	68.56
			CO-45	64.30		
CNTL #: S5556K338K9						
PT RESP 17.14	CLAIM TOTALS	150.00	85.70	0.00	17.14	68.56
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	68.56

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:251Z5556		ICN:3211210066090	ASG:Y	MOA:MA01	
1962447805 0505 050511 31 99310	1.000	223.00	127.01	0.00	25.40	101.61
			CO-45	95.99		
CNTL #: S5556K346K9						
PT RESP 25.40	CLAIM TOTALS	223.00	127.01	0.00	25.40	101.61
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	101.61

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:252Z5556		ICN:3211210066100	ASG:Y	MOA:MA01	
1962447805 0512 051211 31 99309	1.000	150.00	85.70	0.00	17.14	68.56
			CO-45	64.30		
CNTL #: S5556K347K9						
PT RESP 17.14	CLAIM TOTALS	150.00	85.70	0.00	17.14	68.56
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	68.56

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:253Z5556		ICN:3211210066110	ASG:Y	MOA:MA01	
1962447805 0519 051911 31 99309	1.000	150.00	85.70	0.00	17.14	68.56
			CO-45	64.30		
CNTL #: S5556K348K9						
PT RESP 17.14	CLAIM TOTALS	150.00	85.70	0.00	17.14	68.56
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	68.56

TMHP generated copy of DCN 201216049000909

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TMHP generated copy of DCN 201216049000909

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

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TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Mailroom
12357B Riata Trace Parkway
Suite 150
Austin, Texas 78727

Address SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

Date 06/08/2012

Subject: Returned claims/correspondence/documentation

TMHP cannot process your submitted documentation. TMHP is returning a copy of the first page of the information you submitted for appropriate identification. Please follow the additional instructions on this letter and resubmit all requested documentation.

Any and all information and/or documentation submitted in response to this letter must be received by Texas Medicaid & Healthcare Partnership (TMHP) within 120 days from the date of this letter. Information and/or documentation not received within 120 days will cause your claims to deny. You must attach a copy of this letter with each claim re-submission to show proof of timely filing. No further action will be taken by TMHP until the information requested below has been provided and/or corrected.

If you would like assistance with the claims submission process refer to the Texas Medicaid Provider Procedures Manual or the CSHCN Services Program Provider Manual. Additional assistance is available by calling the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.

Your correspondence is being returned for the following reason(s):

1) **The attachment is not legible or is not aligned and cannot be scanned into the system for processing. Please correct the attachment prior to resending.**

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If you are not enrolled in the Texas Medicaid Program or need an additional provider number for a new location, visit www.tmhp.com <http://www.acs-inc.com> for an enrollment application or call TMHP Customer Service at 1-800-925-9126.

Quick Tips for Expediting Paper Claims

DO

1) Use original claim forms
2) Use black ink (not a black marker)
3) Print claim data within defined boxes on the claim form
4) Use all capital letters
5) Use a laser printer for best results
6) Use paper clips on claims or appeals if they include attachments
7) Detach claims at perforated lines before mailing
8) Use 10x13 inch envelopes to mail claims.
9) Use the HHSC approved Medicare Remittance Advice Notice, or an MRAN printed from Medicare Remit Easy Print (MREP) (professional services) or PC-Print (institutional services) when sending the Remittance Advice from Medicare.
10) All MRANs and R&Ss must be accompanied by a claim form
11) Place the claim form on top when sending new claims, followed by any medical records or attachments.
12) Number the pages appropriately when sending attachments, (e.g., 1 of 2, 2 of 2).
13) Indicate continuation when multiple claims for the same client.
14) Print using Courier-10 pitch (12-point)

DON'T

1) Don't use copies of claim forms
2) Don't use red ink or highlighters
3) Don't use dashes or slashes in date fields
4) Don't use fonts smaller than 10 points
5) Don't use a dot matrix printer, if possible
6) Don't use labels, stickers or stamps
7) Don't use glue, tape, or staples
8) Don't fold claim forms, appeals or correspondence
9) Don't send duplicate copies of information.
10) Don't use paper smaller or larger than 8 ½ x 11. Scan equipment will accept 8 ½ x 11 paper.
11) Don't mail claims with correspondence for other departments, this may delay claims processing
12) Don't total each claim form when the claim is a continuation of multiple claims for the same client.
13) Don't use Proportional fonts

TMHP generated copy of DCN 201216049000899

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha, MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 529642113	6 Medicare Paid Date: 03/21/2012
7 Client Last Name: Rucker	8 Client First Name: Gary
9 Medicare ICN: 2212089739130	10 Client HIC Number: 461565947A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	01/11/2012	01/11/2012	31	1	99306		284.00	161.47	0.00	32.29	129.18	
2													
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	284.00	161.47	0.00	32.29	129.18	4 of 4
13 Medicare Prev Paid						

Important: By submitting these forms to TMHP, the provider attests that the information included in the form exactly matches the Medicare RA or RN that was received from Medicare or the MAP. If the information on this crossover claim type form does not exactly match the information on the RA or RN, the claim may be denied.

Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000899

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
MEDICARE PART B
(866)280-6520

PAYER TECHNICAL CONTACT INFORMATION:
PROVIDER SUPPORT
(866)528-1605

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 03/21/2012
PAGE #: 1

CHECK/EFT #: 881930672

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	
NAME:RUCKER, GARY			HIC:461565947A	ACNT:5276Z5556		ICN:2212089739130	ASG:Y	MOA:MA01	MA07
1962447805 0111 011112 31 99306				1.000	284.00	161.47	0.00	32.29	129.18
						CO-45	122.53		

CNTL #: 85556K6425K9

PT RESP	32.29	CLAIM TOTALS	284.00	161.47	0.00	32.29	129.18
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	129.18

CLAIM INFORMATION FORWARDED TO: TX HEALTH & HUMAN SERVICES COMMI
70051

TMHP generated copy of DCN 201216049000899

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SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

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TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Mailroom
12357B Riata Trace Parkway
Suite 150
Austin, Texas 78727

Address SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

Date 06/08/2012

Subject: Returned claims/correspondence/documentation

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Your correspondence is being returned for the following reason(s):

1) **Medicare paper claims (including Medicare denials) must be filed with a completed claim form and one of the approved HHSC Medicare Remittance Advice Notices (MRANs).**

TMHP generated copy of DCN 201216049000897

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14) Print using Courier-10 pitch (12-point)

DON'T

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7) Don't use glue, tape, or staples
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11) Don't mail claims with correspondence for other departments, this may delay claims processing
12) Don't total each claim form when the claim is a continuation of multiple claims for the same client.
13) Don't use Proportional fonts

TMHP generated copy of DCN 201216049000897

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 530508216	6 Medicare Paid Date: 12/19/2011
7 Client Last Name: Pitman	8 Client First Name: Jerry
9 Medicare ICN: 2811340861560	10 Client HIC Number: 452401970A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	09/09/2011	09/09/2011	31	1	99309		150.00	83.40	66.60	16.68	66.72	
2	183413701 / 1962447805	10/11/2011	10/11/2011	31	1	99309		150.00	83.40	66.60	16.68	66.72	
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	300	166.80	133.20	33.36	133.44	2 __ of 3
13 Medicare Prev Paid						

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Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000897

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 12/19/2011
PAGE #: 1

CHECK/EFT #: 881433336

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	

NAME:PITMAN, JERRY HIC:452401970A ACNT:3137Z5556 ICN:2811340861560 ASG:Y MOA:MA01

1962447805	0909	090911	31	99309	1.000	150.00	83.40	0.00	16.68	66.72
							CO-45	66.60		

CNTL #: S5556K4281K9

PT RESP	16.68	CLAIM TOTALS	150.00	83.40	0.00	16.68	66.72
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	66.72

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	

NAME:PITMAN, JERRY HIC:452401970A ACNT:3138Z5556 ICN:2811340861570 ASG:Y MOA:MA01

1962447805	1011	101111	31	99309	1.000	150.00	83.40	0.00	16.68	66.72
							CO-45	66.60		

CNTL #: S5556K4282K9

PT RESP	16.68	CLAIM TOTALS	150.00	83.40	0.00	16.68	66.72
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	66.72

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SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

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A STATE MEDICAID CONTRACTOR

Mailroom
12357B Riata Trace Parkway
Suite 150
Austin, Texas 78727

Address SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

Date 06/08/2012

Subject: Returned claims/correspondence/documentation

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TMHP generated copy of DCN 201216049000896

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14) Print using Courier-10 pitch (12-point)

DON'T

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13) Don't use Proportional fonts

TMHP generated copy of DCN 201216049000896

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 525557412	6 Medicare Paid Date: 03/05/2012
7 Client Last Name: Moon	8 Client First Name: Patsy
9 Medicare ICN: 2212072705480	10 Client HIC Number: 467982935A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	01/01/2012	01/01/2012	21	1	99232		125	70.09	0.00	14.02	56.07	
2	183413701 / 1962447805	01/02/2012	01/02/2012	21	1	99232		125	70.09	0.00	14.02	56.07	
3	183413701 / 1962447805	01/03/2012	01/03/2012	21	1	99232		125	70.09	0.00	14.02	56.07	
4	183413701 / 1962447805	01/04/2012	01/04/2012	21	1	99232		125	70.09	0.00	14.02	56.07	
5	183413701 / 1962447805	01/05/2012	01/04/2012	21	1	99232		125	70.09	0.00	14.02	56.07	
6	183413701 / 1962447805	01/06/2012	01/06/2012	21	1	99239		180	103.68	0.00	20.74	82.94	
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	805	454.13	0.00	90.84	363.29	1 of 1

13 Medicare Prev Paid

Important: By submitting these forms to TMHP, the provider attests that the information included in the form exactly matches the Medicare RA or RN that was received from Medicare or the MAP. If the information on this crossover claim type form does not exactly match the information on the RA or RN, the claim may be denied.

Save As

Effective 01012012 / Revised 0206012

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CHECK/EFT #: 881856059

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