

FAX

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

11301028744 10433015271 10291341521

VOID

Handwritten signature

VOID

\$140.98

AMOUNT

CHECK NO.: 301028744
CHECK DATE: 02/12/16

VOID

Medicare Payment

60-162
433

PNC Bank, N.A. 001
Jeanette PA

VOID

CARE IMPROVEMENT PLUS
Specialized Care for Medicare Beneficiaries



351 W. Camden St, Suite 100
Baltimore MD 21201

One Hundred Forty And 98/100

TO THE
OR OF
Texas Physician House Calls
2925 Skyway Cir N
Irving, TX 75038-3510

P



2715 2 MB 0.439
Texas Physician House Calls
2925 SKYWAY CIR N
IRVING, TX 75038-3510



2715

T15 P1

351 W. Camden St, Suite 100
Baltimore MD 21201

CARE IMPROVEMENT PLUS
Specialized Care for Medicare Beneficiaries



2715



Questions or Concerns?

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

PAYMENT SUMMARY

Paid To: Texas Physician House Calls
Provider #: 002000545615
TAX ID #: 464596181
Payment Date: 02/12/16
Check #: 301028744
Check Amount: \$140.98
Reference #: 2016021210200344
Prior Overpayment: \$0.00
Overpayment Incurred: \$0.00
Recovered This Check: \$0.00
Outstanding Overpayment: \$0.00

CITX

Provider Remittance Advice

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

Payee Name: Texas Physician House Calls

Patient And Services Information

Account Number: 2401-9703

Subscriber #: 100593241-0

Plan Name: XLS00100

Member Name: Alice F Williams

Claim ID: 16011F836900

Claim Explanation:

Dates of Service	Proc/Rev Code	Units	Amount Billed	Amount Allowed	Adjusted	Primary Payer Pmt	Patient Responsibility			Not Cvd	Plan Payment	Remarks *
							Copay	Co-Ins	Ded Amount			
12/28/15-12/28/15	99350-25	1	204.00	179.83	24.17	0.00	0.00	35.97	0.00	0.00	143.86	RWD 809
12/28/15-12/28/15	G8427	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12/28/15-12/28/15	1101F	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Claim Totals:			204.00	179.83	24.17	0.00	0.00	35.97	0.00	0.00	143.86	

Interest Amount:

Subscriber Payment:

Prior Paid Amount:

Sequestration Amount:

(+) Net Pmt/ (-) Retracted Amt:

0.00
0.00
0.00
2.88
140.98

Provider Group Summary Totals

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



2715

Remark Explanations

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

RWD Payment Reduction of 2% in accordance with sequestration

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

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

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 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)

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 share, such as member co-pays. Providers cannot balance bill members for A/B cost sharing.

Health Care Fraud Notice

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 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)

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

Claims Department

P.O. Box 488

Linthicum, MD 21090-0488

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:

Care Improvement Plus

6514 Meadowridge Road

1st Floor

Elkridge, MD 21075

Attention: Appeals Department or Disputes Department

Or Fax Number: 1-866-272-2942

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.

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

