

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

TexanPlus* HMO

201107180105



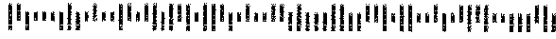
1 OF 2

Return Service Requested

For questions please call: (800) 958-2707

3-DIGIT 750

10395-0-5486 AT 0-362



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

50

PAYMENT SUMMARY

Paid To: SUMANA KETHA MD PA
Provider #: 201401614100
Payment Date: 07/14/11
Check #: 164748
Check Amount: 69.67
Reference #: 2011071410600723
Prior Overpayment: 0.00
Overpayment Incurred This Period: 0.00
Recovered This Check: 0.00
Outstanding Overpayment: 0.00

10-1P-TX6

Page 1 of 2

HMO Explanation of Payment

Member ID #: 099998222-0				Patient Name: Dora J Thomas				Explanation:					
Member Plan: CHN05100				Pat Acct #: 35825556									
Claim #: 110301895000				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
05/25/11-05/25/11		99232	1	125.00	69.67	55.33	HMI	0.00	0.00	0.00	0.00	0.00	69.67
Claim Totals:				125.00	69.67	55.33		0.00	0.00	0.00	0.00	0.00	69.67
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	125.00	69.67	55.33	0.00	0.00	0.00	69.67	0.00	0.00	0.00	0.00	0.00	69.67
Totals:	125.00	69.67	55.33	0.00	0.00	0.00	69.67	0.00	0.00	0.00	0.00	0.00	69.67
Amounts Recovered:												0.00	
Check Amount:												69.67	
Remaining Balance:												0.00	

Remark Explanations and Clinical Edits

Claim ID	Line	Code	Explanation
		HMI	Contractual Allowed Amount

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

TexanPlus® HMO

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2 OF 2

10395 0.5486 AT 0.362

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TO: TXF - TXF

ENV 10395

Page 2 of 2

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Member Plan: CHN05100				Pat Acct #: 358Z5556									
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Service Dates	Rev	Proc	Units	Amount Billed	Allowed	Prov Resp	Remark Codes	Patient Resp	Copay	Co-Ins	Patient Deductible	COB Applied	Net Amount
05/25/11-05/25/11		99232	1	125.00	69.67	55.33	11M1	0.00	0.00	0.00	0.00	0.00	69.67
Claim Totals:				125.00	69.67	55.33		0.00	0.00	0.00	0.00	0.00	69.67

Interest Amount: 0.00
Prompt Pay Discount: 0.00

Subscriber Payment: 0.00
Previous Amount Paid: 0.00

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Remaining Balance:													0.00

Remark Explanations and Clinical Edits

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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.: 164748
CHECK DATE: 07/14/11

AMOUNT

*****\$69.67

PAY Sixty Nine And 67/100

TO THE ORDER OF SUMANA KETHA MD PA

Bank of America
Houston, TX

TH Carpenter
John M. Szwed

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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