

Remittance Advice Part B Response

1. For best results and full-screen printing, set your printing options to print in Landscape.
2. To print, select the printable version link and then print from your browser.

MEDICARE [REDACTED]

[REDACTED]

NPI #: [REDACTED]

DATE: 02/27/2020

CHECK/EFT #: [REDACTED]

REND PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS AMT	GRP/RC- PD	PROV PD
NAME ,											
Medicare Number [REDACTED]											
ACNT [REDACTED]											
ICN [REDACTED]											
ASG G											
MOA MA18											
	08/12/2019	11	0.1	20610	LT	135.54	60.24	0.00	12.05		47.25
	08/12/2019	11	2	Q4177		4500	4500	0.00	900.00		3528
PT RESP	912.05			CLAIM TOTALS		4635.54	4560.24	0.00	912.05	75.3	3575.25
ADJ TO TOTALS: PREV PD	0			INTEREST		0.0	LATE FILING CHARGE		0.0	NET	3575.25

CLAIM INFORMATION

FORWARDED TO:

30074 AMERICAN CONTINENTAL INSU.

Group, MOA, Remark and Reason Codes

arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and CO-45 must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.

MA18 supplemental insurer. Send any questions regarding supplemental benefits to them.