

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: 02/18/2020

CHECK/EFT #: [REDACTED]

REND	SERV	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-	PROV
PROV	DATE								AMT	AMT	PD

NAME ,

Medicare Number [REDACTED]

ACNT [REDACTED]

ICN [REDACTED]

ASG G

MOA MA18

08/06/2019	11	2	Q4177	4500	4500	0.00	900.00	3528
08/06/2019	11	0.1	20550	119.68	53.19	0.00	10.64	40.03

PT	910.64		CLAIM TOTALS	4619.68	4553.19	0.00	910.64	66.49	3568.03
RESP									

ADJ TO TOTALS:	0		INTEREST	0.0	LATE FILING		0.0	NET	3568.03
PREV PD					CHARGE				

CLAIM INFORMATION

FORWARDED TO:

00011 THE REGENCE GROUP UTAH

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.