

COMMUNITY FIRST HEALTH PLANS  
EXPLANATION OF PAYMENT

Run Date 11/05/02

ID#: 1834      IRS#:      MBR ID:      Acct: 0500067600      CARRIER: COMMUNITY FIRST HEALTH PROG#: HMO

Name and Address of Provider

Patient Name:      Servicing Provider:

Claim Number:	123456789101														
Servic -Date- LC	Diag#	Proc#	MOD	TDS	Days/Cnt Billed	Allowed	Deduct	Copay	Coins	TPP	Denied	Payment Explain Codes			
0101	082702	22	78650	99235	1	-265.00	-185.50	.00	.00	.00	-185.50	.00 84			
0102	082702	21	78650	99235	1	265.00	185.50	.00	.00	.00	.00	185.50 AG 8P			
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Sub-total											.00	.00	.00	-185.50	185.50
84	CL Place of service missing or invalid for procedure billed														
8P	CL Paid per reasonable and customary														
AG	CL Adjusted - Received corrected bill														

Patient Name:      Servicing Provider:

Claim Number:	020926E00505															
Serv	Date- LC	Diag#	Proc#	MOD	TDS	Days/Cnt Billed	Allowed	Deduct	Copay	Coins	TPP	Denied	Payment Explain Codes			
0100	092002	21	56211	99232	1	90.00	78.00	.00	.00	.00	.00	.00	78.00 8P			
0200	082702	21	78650	99235	1	265.00	185.50	.00	.00	.00	.00	.00	78.00 8P			
0300	092202	21	56211	99238	1	108.00	67.00	.00	.00	.00	.00	.00	67.00			
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Sub-total											288.00	223.00	.00	.00	-185.50	223.00
8P	CL Paid of per reasonable and customary															
Total											288.00	223.00	.00	.00	-185.50	408.50