

COMMUNITY FIRST HEALTH PLANS
EXPLANATION OF PAYMENT

Run Date 11/05/02

ID#: 1834

IRS#:

Name and Address of Provider

Patient Name: MBR ID: Acct: 0500067600 CARRIER: COMMUNITY FIRST HEALTH PROG#: HMO

Claim Number: 123456789101

Service Provider:

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	-	1	-265.00	-185.50	.00	.00	.00	-185.50	.00	.84
0102	082702	21	78650	99235		1	-	1	265.00	185.50	.00	.00	.00	.00	185.50	AG 8P

Sub-total .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
 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: MBR ID: Acct: 0500067600 CARRIER: COMMUNITY FIRST HEALTH PROG#: HMO

Claim Number: 020926E00505

Service Provider:

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	-	1	90.00	78.00	.00	.00	.00	.00	78.00	8P
0200	082702	21	78650	99235		1	-	1	265.00	185.50	.00	.00	.00	.00	78.00	8P
0300	092202	21	56211	99238		1	-	1	108.00	67.00	.00	.00	.00	.00	67.00	

Sub-total 288.00 223.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
 8P CL Paid of per reasonable and customary

Total 288.00 223.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00