

Run Date 10/1/98

COMMUNITY FIRST MEDICAID HEALTH PLAN - EXPLANATION OF PAYMENT

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PROVIDER/HOSPITAL NAME
PROVIDER/HOSPITAL ADDRESS
CITY, STATE, ZIP CODE

PROVIDER/HOSPITAL NUMBER

IRS#: PROVIDER/HOSPITAL IRS NUMBER

Patient Name: (PATIENT'S NAME)
Control No: 009830100652

Age: 19

DRG#: 32

ID: (PATIENT'S ID#)

Acct: 20688

| Serv | Dates | Disgn | Prcc# | Days/Cnt | Auth# | Charged | Allowed | Explain | Codes | Denied | Dedccpay | Discount | Risk | Typ | Payment |
|------|---------------|-------|-----------|----------|-------|---------|---------|---------|-------|--------|----------|----------|------|-----|---------|
| 0100 | 101598-101698 | V222 | 9030X | 1 | | 40.00 | 23.80 | 32 | | 22.80 | .00 | .00 | .00 | .00 | .00 |
| 0200 | 101598-101698 | V222 | 81000 | 1 | | 10.00 | 4.37 | 32 | | 4.37 | .00 | .00 | .00 | .00 | .00 |
| | | | Sub-total | | | 50.00 | 27.17 | | | 27.17 | .00 | .00 | .00 | .00 | .00 |
| | | | TOTAL | | | 50.00 | 27.17 | | | 27.17 | .00 | .00 | .00 | .00 | .00 |

Explanation Code Description
32 CL Member is a Medicaid SSI client - resubmit to NHIC