1001 Explanation of Benefits Detail Report

This report lists benefit details for claim payments in the remit database.
The EOB Detail report contains Medicare-style EOBs for the group of claim payments specified in Remit View.

- When this EOB is printed with a claim, the gray items in the header are not included.
- If remit payment is from *DE: Check Status*, the facility and payer addresses will be empty.

EXPLANATION OF BENEFITS DETAIL REPORT

FACILITY: MEMORIAL HOSPITAL
ADDRESS: P O Box 7432
CITY, STATE, ZIP: TULSA, OK 74135

PRIMARY PAYER: MUTUAL INSURANCE
SECONDARY PAYER: ANOTHER PAYER

Payer: MUTUAL INSURANCE
ADDRESS: P O BOX 23434
CITY, STATE, ZIP: DALLAS, TX 75123

PROV NPI: NNNNNNNNNN **PROV NO:** 123456 **PATIENT TYPE:** O **PAID DATE:** 05/05/CCYY **Remit #:** EFT12345678

PATIENT NAME / HEALTH INS # / FROM DT THRU DT / CLAIM ST	PATIENT CNTRL NUMBER / ICN # / NACHG HICHG TOB / COST COVDY NCOVDY	RC	REM	DRG# / OUTCD CAPCD / PROF COMP AMT / DRG OPR AMT	DRG OUT AMT / DRG CAP AMT / MSP PAYMENT / DEDUCTIBLE	COINSURANCE / COVRD CHGS / NCOVD CHGS / DENIED CHGS	PAT REFUND / ESRD NET ADJ / INTEREST / BLOOD DED	CONTRACT ADJ / PER DIEM RATE / HCPC AMOUNT / NET REIM
CERRULO, A L	10003450	2	MA02		0.00	112.46	0.00	1915.21
123456789A	0000000012	42		C	0.00	2317.06	0.00	0.00
03/22/YY 03/28/YY		70		0.00	0.00	28.70	0.00	804.35
1		94		0.00	0.00	0.00	307.66	3415.87

SERVICE LINE INFORMATION:

HCPCS	REV CODE	MOD	FROM	THRU	QTY	BILLED	ALLOWED	PAID	APC	RATE
	ADJ CODE	REASON		AMOUNT	DESCRIPTION					
	0270		04/28/CCYY	04/28/CCYY	0	93.83	0.00	0.00		
	CO	97		98.83	Payment is included in the allowance for another service/procedure.					
	0272		04/28/CCYY	04/28/CCYY	0	51.05	0.00	0.00		
	CO	97		51.05	Payment is included in the allowance for another service/procedure.					
	0272		04/28/CCYY	04/28/CCYY	0	64.85	0.00	0.00		
	CO	97		64.85	Payment is included in the allowance for another service/procedure.					
45380	0490		04/28/CCYY	04/28/CCYY	0	808.58	402.50	201.24	00143	
	OA	2		201.26	Coinsurance Amount					
45380	0490		04/28/CCYY	04/28/CCYY	0	808.58	402.50	201.24	00143	
	PR	94		406.08	Processed in Excess of charges.					
J2175	0636		04/28/CCYY	04/28/CCYY	0	23.40	0.00	0.00		
	CO	97		23.40	Payment is included in the allowance for another service/procedure.					
J2250	0636		04/28/CCYY	04/28/CCYY	0	28.40	0.00	0.00		
	CO	97		28.40	Payment is included in the allowance for another service/procedure.					

CLAIM ADJUSTMENT INFORMATION:

ADJ CODE	REASON	AMOUNT	DESCRIPTION