1910 Remit Voucher Detail Report

Presents the claim payment information and the service line detail for each payment in the working group with a page break between payments. Count and totals are provided at the end of the report.

REMITTANCE VOUCHER DETAIL REPORT

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

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

MUTUAL INSURANCE 05/05/CCYY I **PROV NPI:** NNNNNNNNNN **Prov #:** 123456 **Remit #:** EFT12345678 **FISCAL PD:** MM/YY

PATIENT NAME / HEALTH INS # / ICN NUMBER	FROM DATE / THRU DATE / PCN	TOTAL CHARGES / PROV PMT AMT	ACT CONT ADJ / TOB	DENIED / PAT LIAB / CLAIM STATUS	DEDUCTIBLE / BLOOD DED / DRG AMT	PROF COMP / COINS AMT / DRG OUT AMT	INTEREST / GR REDUCTION	REIM / RATE / VISITS
ALLEN, M L	04/20/CCYY	1070.11	667.61	0.00	0.00	0.00	0.00	0.00
123456789A	O4/20/CCYY	201.24	131	0.00	0.00	201.26	0.00	0
345678395				1	0.00	0.00		

CLAIM ADJUSTMENT INFORMATION:

CLAIM LEVEL ADJ	REASON

SERVICE LINE INFORMATION:

CODE	BILLED	ALLOWED	PAID	QTY	MOD	POS	APC	ADJ AMT	REASON
	93.83	0.00	0.00	0				93.83	97 - Payment is included in the allowance for another service/procedure.
	51.05	0.00	0.00	0				51.05	97 - Payment is included in the allowance for another service/procedure.
	64.85	0.00	0.00	0				64.85	97 - Payment is included in the allowance for another service/procedure.
45380	808.58	402.50	201.24	0			00143	201.26	2 - Coinsurance Amount
								406.08	94 - Processed in Excess of charges.
J2175	23.40	0.00	0.00	0				23.40	97 - Payment is included in the allowance for another service/procedure.
J2250	28.40	0.00	0.00	0				28.40	97 - Payment is included in the allowance for another service/procedure.

REV BILLED: 0.00 **HCPCS BILLED:** 1070.11 **TOTAL PAID:** 201.24 **DIFFERENCE:** 868.87

Next payment on a new page . . .