1911 Remittance Voucher Summary Report

Contains payment-level data for each claim payment in the working group. The information is presented in a modified CMS-EOB format, seven payments per page. Counts and totals are provided at the end of the report.

If remit payment is from *DE: Check Status*, the facility and payer addresses will be empty.

Note: Use the 1914 Remittance Voucher Summary + Business Scenarios remit report if you want the system to always create both the 1911 Remittance Voucher Summary Report in addition to the 1912 Remittance Voucher Summary - Business Scenarios report. The Remit Voucher Summary - Business Scenarios report includes the applicable business descriptions based on the CARC/RARC/CAGC code combinations in the specified payer remit in support of the CAQH CORE EFT & ERA Operating Rules. For a sample, look for the 1912 Remittance Voucher Summary - Business Scenarios example in the Report Gallery.

05/06/CCYY 08:07AM

PAGE NO. 1
CLIENT: 9999
USER ID: bhyde

REMITTANCE VOUCHER SUMMARY 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	PATIENT CNTRL NUMBER	RC	REM	DRG#	DRG OUT AMT	COINS AMT	PAT REFUND	CONTRACT ADJ
HEALTH INS #	ICN #	RC	REM	OUTCD CAPCD	DRG CAP AMT	COVRD CHGS	ESRD NET ADJ	PER DIEM RATE
FROM DT THRU DT	NACHG HICHG TOB	RC	REM	PROF COMP AMT	MSP PAYMENT	NCOVD CHGS	INTEREST	HCPC AMOUNT
CLAIM ST	COST COVDY NCOVDY	RC	REM	DRG OPR AMT	DEDUCTIBLE	DENIED CHGS	NET REIMBURS	TOTAL CHARGES
ALLEN, M L	56781234B	2			0.00	201.26	0.00	667.61
123456789A	0000000012	94			0.00	1070.11	0.00	0.00
03/18/YY 03/25/YY	N N 131	97		0.00	0.00	0.00	0.00	402.50
1	0 0 0			0.00	0.00	0.00	201.24	1070.11

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

SUB_TOTALS FOR:

MUTUAL OF OMAHA 05/05/CCYY O **PROV NPI:** NNNNNNNNNN **Prov #:** 123456 **Remit #:** EFT12345678 **FISCAL PD:** MM/YY

			313.72	0.00	0.00	2582.82
			3387.17		0.00	0.00
		0.00	28.70		0.00	804.35
TOTAL PAYMENTS: 2		0.00			508.90	3415.87