1011 Claim + EOB Details

This report prints claims plus payment details pulled from the remit database. When printed from Create Reports or Auto List, it prints secondary/tertiary claims with originating EOBs only. When printed from CFI, you have the option to print single claims with their current or source remit. In addition to general information, the report provides Service Line and Claim Adjustment information.

Notes:

- If a claim has no remit because it was bridged in as a secondary or tertiary claim, the EOB page will state "No Explanation of Benefits"
- This report prints in the font you have configured for the EOB Form Type. To adjust the size and type to your site's viewing preference, use *Print Options*
- 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
HYDE, A L	10003450	1		0.00	0.00	0.00	667.61
123456789A	0000000012	45		0.00	1070.11	0.00	0.00
03/22/YY 03/28/YY			0.00	0.00	00.00	0.00	0.00
1			0.00	43.85	0.00	0.00	0.00

SERVICE LINE INFORMATION:

HCPCS	REV CODE	MOD	FROM	THRU	UNIT	BILLED	ALLOWED	PAID	APC	RATE
	ADJ CODE	REASON	AMOUNT	DESCRIPTION						

CLAIM ADJUSTMENT INFORMATION:

ADJ CODE	REASON	AMOUNT	DESCRIPTION
PR	1	43.85	Deductible Amount
CO	45	322.65	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO de . . .