1015 Claim + EOB Itemized

This page is a sample of the Itemized EOB created by this product. When you select a *Claim + EOB Itemized* report, the EOB that is paired with each claim is in this format. When printed from *Create Reports* or an *Auto-List*, the report contains secondary/tertiary claims with originating EOBs. When printed from CFI, you have the option to print the open claim with either its current or source remit.
If no remit information is available, the EOB page will contain the message, *No Explanation of Benefits*.

05/06/CCYY 08:07AM

EXPLANATION OF BENEFITS ITEMIZED

PROVIDER NAME:
PRIMARY PAYER: AETNA HEALTHCARE
PROV NPI: **PROV NO:** 360041
PATIENT NAME: DORIGHT, DUDLEY
INSURED NAME:
PATIENT CONTROL: DOR3457
COINS DAYS: 0
FACILITY: MEMORIAL HOSPITAL
PAYER: MUTUAL INSURANCE

SECONDARY PAYER:
PATIENT TYPE: O
PATIENT ID#:
INSURED ID#: 123456789A
PAYER CLAIM NUMBER (ICN): 30634300070903
COVERED DAYS: 0
ADDRESS: P O Box 7432
ADDRESS: P O BOX 23434

TERTIARY PAYER:
PAID DATE: 9/25/2006 **CHECK #:** EFT11111333
SVC FROM: 08/25/2006 **SVC THRU:** 08/25/2006
CLAIM STATUS: 22
TYPE OF BILL: 138 **HICHG:** N
NONCOVERED DAYS: 0 **NACHG:** N
CITY, STATE, ZIP: TULSA, OK 74135
CITY, STATE, ZIP: DALLAS, TX 75123

CLAIM LEVEL PAYMENT INFORMATION (CLP) & TOTALS

TOTAL CHARGES (CLP03): 4,240.70 **COVD CHGS:** 2,469.91 **PAYMENT AMT (CLP04):** 173.66 **PAT RESP (CLP05):** 43.54
COINS: 43.54 **COPAY:** 0.00 **DEDUCT:** 0.00 **DENIED CHGS:** 0.00 **NONCOVD CHGS:** 0.00 **CONT ADJUST:** 4,023.01

IN/OUTPATIENT ADJUDICATION (MIA/MOA)

DRG CODE	DRG WEIGHT	DRG CAP AMT	DISCH FRAC	IME AMT	PROF COMP AMT	PER DIEM RATE	OUT CD
DRG AMT	DRG OPR AMT	DRG OUT AMT	MSP PAYMENT	DISP SHARE	ESRD NET ADJ	HCPC AMOUNT	CAP CD
	0.00	0.00			0.00	1.00	0.00
	0.00	0.00	0.00		0.50	88.50	0.00

REFERENCE IDENTIFICATION REMARK CODES* M27

CLAIM LEVEL ADJUSTMENTS (CAS)

ADJ GROUP CODE	ADJ REASON CODE	ADJ AMOUNT	GROUP & ADJ CODE DESC*
		0.00	

SUPPLEMENTAL AMOUNTS (AMT)

QUALIFIER	AMOUNT	DESCRIPTION
AU	2,469.91	Coverage Amount
DY	1.00	Per Day Limit

SERVICE LINE INFORMATION (SVC)

HCPCS	REV CODE	MOD	FROM	THRU	QTY	BILLED	ALLOWED	PAID	APC
	GRP CODE	ADJ REAS *	AMOUNT	DESCRIPTION*					
Q4081	0634		08/25/2006	08/25/2006	77	1,449.51	1,449.51	59.02	
	PR	2	14.75	Coinsurance Amount					
	CO	45	1,376.14	Charge exceeds fee schedule/maximum allowable of contracted/legislated fee arran					
J2501	0636	G6	08/25/2006	08/25/2006	4	890.80	890.80	11.78	
	PR	2	2.95	Coinsurance Amount					
	CO	45	876.07	Charge exceeds fee schedule/maximum allowable of contracted/legislated fee arran					

*** ADJUSTMENT CODE & REMARK GLOSSARY**

CODE	DESCRIPTION
118	ESRD network support adjustment.
M27	The patient has been relieved of liability of payment of these items and services under the limitation of liability provision of the law. You, the provider, are . . .