1004 Claim + EOB report

This report contains sets of a paper secondary claim paired with the EOB based on the primary claim. The report prints each pair on separate pages. Claim + EOB uses the claim filter. When setting up the filter, check Secondary or Tertiary claims. (Primary claims will have no EOB.) If remit payment is from *DE: Check Status*, the facility and payer addresses will be empty.
This is a sample of the format used as the EOB in this report.

EXPLANATION OF BENEFITS SUMMARY

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

PATIENT NAME HEALTH INS # FROM DT THRU DT CLAIM ST	PATIENT CNTRL NUMBER ICN # NACHG HICHG TOB COST COVDY NCOVDY	RC RC RC RC	REM REM REM 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
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