NOTE: The pipe delimited version of this report is available upon request.

CSPR31.01 PAYOR CLAIM DATA PAGE: 1
02/12/2015
03:00:00

111111-RH General Hospital
111111-RH General Hospital

277 DATA FILE CLAIMS ACKNOWLEDGEMENT
PAYOR PROCESS DATE: 02/12/2015 CPID: 1111 PAYER A

BILLING PROVIDER NAME: RH GENERAL HOSPITAL
BILLING PROVIDER ID: *111111111 NPI: 1234567893

PATIENT CONTROL #	LAST NAME	FIRST NAME	CLAIM FROM
PAYOR CLAIM STATUS	POLICY #	CLAIM AMT	/ TO DATE
STANDARDIZED CLAIM STATUS	PAYOR CLAIM CONTROL NO		
2222222222	ADAMS	ANTHONY	01/08/2015
U	ABC33333333	$ 5,000.00	

R - REJECTED
* PAYOR CODE: A7:33:IL
INVALID DATA:
PAYOR MESSAGE: ACK,REJCTD FOR INVAL INFO-CLAIM,ENCNTR HAS INVAL INFO AS SPCFIED IN STATUS DTAILS AND BEEN REJCTD.:SUBSCRIBER AND SUBSCRIBER ID NOT FOUND.:INSURED OR SUBSCRIBER

111111-RH General Hospital
111111-RH General Hospital

277 DATA FILE CLAIMS ACKNOWLEDGEMENT
PAYOR PROCESS DATE: 02/12/2015 CPID: 1111 PAYER A

BILLING PROVIDER NAME: RH GENERAL HOSPITAL
BILLING PROVIDER ID: *111111111 NPI: 1234567893

PATIENT CONTROL #	LAST NAME	FIRST NAME	CLAIM FROM
PAYOR CLAIM STATUS	POLICY #	CLAIM AMT	/ TO DATE
STANDARDIZED CLAIM STATUS	PAYOR CLAIM CONTROL NO		
3333333333	BROWN	STEPHANIE	01/03/2015
U	DEF11G22222222	$ 3,000.00	01/05/2015

R - REJECTED
* PAYOR CODE: A3:247
INVALID DATA:
PAYOR MESSAGE: ACK,RETURND AS UNPRCESSBLE CLM- CLM,ENCNTER BEEN REJECTD AND NOT ENTERD INTO ADJUDICATION SYS.:LINE INFORMATION.
* PAYOR CODE: A8:197
INVALID DATA:
PAYOR MESSAGE: ACKNOWLEDGEMENT, REJECTED FOR RELATIONAL FIELD IN ERROR.:EFFECTIVE COVERAGE DATE-S
* PAYOR CODE: A8:187
INVALID DATA:
PAYOR MESSAGE: ACKNOWLEDGEMENT, REJECTED FOR RELATIONAL FIELD IN ERROR.:DATE-S OF SERVICE.
* PAYOR CODE: A3:0
INVALID DATA:
PAYOR MESSAGE: ACK,RETURND AS UNPRCESSBLE CLM- CLM,ENCNTER BEEN REJECTD AND NOT ENTERD INTO ADJUDICATION SYS.:CANNOT PROVIDE FURTHER STATUS ELECTRONICALLY.

TOTALS FOR CPID 1111: CLAIMS 2
AMOUNT $8,000.00

111111-RH General Hospital
111111-RH General Hospital

277 DATA FILE CLAIMS ACKNOWLEDGEMENT
PAYOR PROCESS DATE: 02/12/2015 CPID: 2222 PAYER B

BILLING PROVIDER NAME: RH GENERAL HOSPITAL
BILLING PROVIDER ID: *111111111 NPI: 1234567893

PATIENT CONTROL #	LAST NAME	FIRST NAME	CLAIM FROM
PAYOR CLAIM STATUS	POLICY #	CLAIM AMT	/ TO DATE
STANDARDIZED CLAIM STATUS	PAYOR CLAIM CONTROL NO		
3333333333	BELL	JEREMY	12/06/2014
WQ	G33333333	$ 7,000.00	12/07/2014

F - ACKED AND/OR FORWARDED
* PAYOR CODE: A1:19:QC
INVALID DATA:
PAYOR MESSAGE: ACK,RECPT- CLM,ENCOUNTER RECEIVED. DOES NOT MEAN THAT CLM HAS BEEN ACCEPTD FOR ADJUDICATION.:ENTITY ACKNOWLEDGES RECEIPT OF CLAIM, ENCOUNTER.:PATIENT

4444444444	CRANE	LILA	12/04/2014
WQ	ABC111111111	$ 1,000.00	12/05/2014

F - ACKED AND/OR FORWARDED
* PAYOR CODE: A1:19:QC
INVALID DATA:
PAYOR MESSAGE: ACK,RECPT- CLM,ENCOUNTER RECEIVED. DOES NOT MEAN THAT CLM HAS BEEN ACCEPTD FOR ADJUDICATION.:ENTITY ACKNOWLEDGES RECEIPT OF CLAIM, ENCOUNTER.:PATIENT

5555555555	DEVIN	MAX	12/08/2014
WQ	GHI222222222	$ 500.00	

F - ACKED AND/OR FORWARDED
* PAYOR CODE: A1:19:QC
INVALID DATA:
PAYOR MESSAGE: ACK,RECPT- CLM,ENCOUNTER RECEIVED. DOES NOT MEAN THAT CLM HAS BEEN ACCEPTD FOR ADJUDICATION.:ENTITY ACKNOWLEDGES RECEIPT OF CLAIM, ENCOUNTER.:PATIENT

TOTALS FOR CPID 2222: CLAIMS 3
AMOUNT $ 8,500.00

111111-RH General Hospital
111111-RH General Hospital

277 DATA FILE CLAIMS ACKNOWLEDGEMENT
PAYOR PROCESS DATE: 02/12/2015 CPID: 1111 PAYER A

BILLING PROVIDER NAME: RH GENERAL HOSPITAL
BILLING PROVIDER ID: *111111111 NPI: 1234567893

PATIENT CONTROL # / PAYOR CLAIM STATUS / STANDARDIZED CLAIM STATUS	LAST NAME / POLICY # / PAYOR CLAIM CONTROL NO	FIRST NAME / CLAIM AMT	CLAIM FROM / TO DATE
D4444444444	ARMSTRONG	MICHAEL	12/04/2015
A	ABC111111111	$ 1,500.00	12/04/2015
A - ACCEPTED			
D5555555555	BAYS	IAN	12/02/2015
A	ABC111111111	$ 2,000.00	12/03/2015
A - ACCEPTED			
D6666666666	BOLLAND	JEFFREY	12/07/2015
A	DEF222222222	$ 500.00	12/07/2015
A - ACCEPTED			

TOTALS FOR CPID 1111: CLAIMS 3
AMOUNT $ 4,000.00

**** END OF PAYOR CLAIM DATA REPORT ****