

PROVIDER REMITTANCE ADVICE

TEST, PROVIDER A
78910 S MAIN
SALT LAKE CITY UT 84102

1 ↓	3 ↙	5 ↙	6 ↙						
Claim: 140325300005	Subscriber: GOON, RIC	ID: 1741000413520	Provider: TEST, PROVIDER A						
ACCT: 25859865	Patient: GOON, RIC	4 ←							13 ↘
2 ↗									
Benefit	CPT Code	Serv Date	Charged	Eligible	Adjustment	Co-Pay	Paid		
MEDICAL SERVICES	99215	25 MAR 14	200.00	0.00	200.00	0.00	0.00		
Note: 1									
7 ↗	8 ↗								
SURGERY	29888	25 MAR 14	1500.00	0.00	0.00	1500.00	0.00		
			9 1700.00	10 0.00	11 200.00	12 1500.00	0.00		

Notes

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1 PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE (835 Codes) 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. 835 CATEGORY CODE: CO - CONTRACTUAL OBLIGATIONS

1700.00	0.00	200.00	1500.00	0.00
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If you send claims electronically to Medicare, you no longer need to send them to PEHP. PEHP is now a COBA stakeholder processing Medicare crossover claims. In order to better serve our providers and insured members, PEHP is working hard to enhance our EDI Claims Payment System. If you are a member of the Utah Health Information Network (UHIN) and wish to submit claims electronically to PEHP, please contact us at (801)366-7544. For more information about PEHP providers and benefits, visit our new website at www.pehp.org.

- 1 - The claim number
- 2 - Account number
- 3 - Insured's name
- 4 - Patient's name
- 5 - PEHP member ID number
- 6 - Treating provider's name
- 7 - Type of service
- 8 - CPT code billed from office
- 9 - Total amount charged (Will match the submitted claim)
- 10 - Amount eligible per contract/code
- 11 - Adjusted amount. The difference between the total amount billed and the amount eligible
- 12 - This is the patient's co-pay or coinsurance for the service (what the patient owes)
- 13 - Total paid by PEHP
- 14 - Notes section. This area will have any comments regarding denial explanations, request for records or x-rays, etc. If patient used a non-contracted provider the language "MEMBER IS RESPONSIBLE FOR ANY BALANCE" will be noted in this area