

MEDICARE SERVICE CENTER
 1000 SOMEPLACE LANE
 ANYCITY ST 11111-0000
 1-800-555-5000

Sample Remittance Advice

MEDICARE
 REMITTANCE
 NOTICE

ACME PHYSICIANS INC
 1234 Main Street
 Anytown, US 99999-0000

NPI #: 1XXXXXXXXX
 PAGE #: 1 OF 2
 DATE: 08/27/08
 CHECK/EFT #: 100123XXXXXX

 * Attention all Suppliers: For claims received as of May 23, 2008, only the NPI may be reported. Reporting the NSC # or any other *
 * Medicare identifiers in Items 17 or 33 will result in claim rejections. *
 * *
 * Your Feedback is Needed: Please take two-three minutes to complete the website satisfaction survey that randomly displays at *
 * www.noridianmedicare.com/dme. Completing this survey is very important as it provides valuable information about your needs, *
 * likes, dislikes and recommendations for our website. *

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME				HIC	999999999A	ACNT BENS612569R-01	ICN 1708219015XXX	ASG Y	MOA MA01	MA18		
1223344XXX	0701	070108	12	1	E1390		180.00	44.16	0.00	8.83 CO-42	135.84	35.33
PT RESP	8.83			CLAIM TOTALS			180.00	44.16	0.00	8.83	135.84	35.33
CLAIM INFORMATION FORWARDED TO: BCMNX/BC/BS MINNESOTA												35.33 NET
NAME				HIC	888888888A	ACNT COMPT12345P-01	ICN 1808219011XXX	ASG Y	MOA MA01			
1223344XXX	0402	040208	12	1	K0823		150.00	0.00	0.00	0.00 CO-50	150.00	0.00
PT RESP	0.00			CLAIM TOTALS			150.00	0.00	0.00	0.00	150.00	0.00
												0.00 NET
NAME				HIC	777777777A	ACNT MURTA35674P-03	ICN 0107247015XXX	ASG Y	MOA MA01	N154		
1223344XXX	0510	051007	12	1	E1399		150.00	45.79	0.00	9.16 CO-42	104.21	36.63
PT RESP	9.16			CLAIM TOTALS			150.00	45.79	0.00	9.16	104.21	36.63
ADJS: PREV PD	0.00	INT		0.02	LATE FILING CHARGE		0.00					36.65 NET
NAME				HIC	666666666A	ACNT 0	ICN 1808127002XXX	ASG Y	MOA MA130			
1223344XXX	0410	041008	12	1	E0260	TC	94.00	0.00	0.00	0.00 CO-16	94.00	0.00
PT RESP	0.00			CLAIM TOTALS			94.00	0.00	0.00	0.00	94.00	0.00
												0.00 NET
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT			
	4	574.00	89.95	0.00	17.99	240.05	71.98	35.33	36.63			
PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN	HIC		AMOUNT							
	WO	71073521950XXX	555555555A		35.33							

SUMMARY OF NON-ASSIGNED CLAIMS

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME				HIC	333333333A	ACNT CALDW12546P-02	ICN 1708321011XXX	ASG N	MOA MA28			
1223344XXX	0704	070408	12	1	E0431		200.00	69.11	0.00	13.82 CO-42	10.37	0.00
PT RESP	79.48			CLAIM TOTALS			200.00	69.11	0.00	13.82 CO-45 PR-100	120.52	55.29
												186.18
												0.00 NET

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

- CO Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
- PR Patient Responsibility. Amount that may be billed to a patient or another payer.
- 100 Payment made to patient / insured / responsible party.
- 42 Charges exceed our fee schedule or maximum allowable amount.