

MEDICARE B  
 J1 MAC - PALMETTO GBA  
 PO BOX 1051  
 AUGUSTA, GA 30903-1051  
 866-931-3901

MEDICARE  
 REMITTANCE  
 NOTICE

WORLD MEDICINE  
 4935673 L STREET  
 948-342-2585

PROVIDER: .....  
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 DATE: 05/03/2010  
 CHECK/EFT 881138051

REN	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME				HIC			ACCT		ICN		ASG Y	MOA MA18 MA01
		04/14/2010	11	1	99205		431.00	193.15	0.00	38.63	CO-45	237.85 154.52
PT RESP		38.63			CLAIM TOTALS		431.00	193.15	0.00	38.63		237.85 154.52
ADJ TO TOTALS:		PREV PD		0.00	INTEREST		0.00	LATE FILING CHARGE			0.00	NET 154.52
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD												

GLOSSARY: GROUP, REASON, MOA, REMARK AND ADJUSTMENT CODES

MA01 If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did  
 45 45-Charges exceed your contracted/ legislated fee arrangement.  
 MA18 The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.  
 CO Contractual Obligations

3. Your Account for the Plan Year Starting 01/01/2012 (All activity to date including claim(s) listed on this Explanation)

Log in to view the most up-to-date information online at [www.upmchealthplan.com/ge](http://www.upmchealthplan.com/ge).

Deductibles and Out-of-Pocket Maximums:

Annual Deductible: 2,000.00  
 Year to date used Annual Deductible: 1,375.18

Annual Out-of-Pocket Maximum: 5,500.00  
 Year to date used Annual Out-of-Pocket Maximum: 1,375.18

4. Claim Details

1 01/16/12 Provider: Claim # A0728329E20120116

Date From/To	Service (Code)	Billed Amount	Allowed Amount	Amount Not Covered	Covered Amount	Coins.	Deductible	DOP (Out of Pocket)	Other Insurance	How payments are made		Remarks
										Plan Paid	Member Pay	
01/16/2012	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS (99386)	100.00	100.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	0.00	
Total		100.00	100.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	0.00	

2 01/18/12 Provider: Claim # A0728331E20120118

Date From/To	Service (Code)	Billed Amount	Allowed Amount	Amount Not Covered	Covered Amount	Coins.	Deductible	DOP (Out of Pocket)	Other Insurance	How payments are made		Remarks
										Plan Paid	Member Pay	
01/18/2012	SYRINGE WINDLE EXTERNAL INSULIN PUMP STERILE 3CC (A4232)	100.00	3.14	0.00	3.14	0.00	0.00	0.00	0.00	3.14	0.00	0A
Total		100.00	3.14	0.00	3.14	0.00	0.00	0.00	0.00	3.14	0.00	

Remarks:

0A Paid at contracted rate - do not bill member