

Independent RHC Remit Sample [Negative Payment]

NAME	HIC	ACNT	ICN	MOA:MA01	M27
[REDACTED]	[REDACTED]	[REDACTED] 30	[REDACTED]		MA18
[REDACTED] 0118 011818	99213CG	1.000	132.00	132.00	115.75
				CO-45	45.30
PT RESP	119.00	CARC	45.30	CLAIM TOTALS	132.00
					132.00
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00
					NET
CLAIM INFORMATION FORWARDED TO:	MUTUAL OF OMAHA INSURANCE COMP				
OTHER CLAIM REL IDENTIFICATION:	(EA) [REDACTED]				
NAME	HIC	ACNT	ICN	MOA:MA01	M27
[REDACTED]	[REDACTED]	[REDACTED] 8	[REDACTED]		MA18
[REDACTED] 0119 011918	99213CG	1.000	132.00	132.00	132.00
				CO-45	48.55
PT RESP	132.00	CARC	48.55	CLAIM TOTALS	132.00
					132.00
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00
					NET
CLAIM INFORMATION FORWARDED TO:	MO HEALTHNET DIVISION				
OTHER CLAIM REL IDENTIFICATION:	(EA) [REDACTED]				

Total Charge: \$132.00

Applied to Deductible: \$ 115.75

Medicare Take Back: -\$32.30

RHC Rate = \$ 83.75



Provider-Based RHC Remit Sample [Negative Payment]

NAME	HIC	ACNT	ICN	MOA	M27
[REDACTED]	[REDACTED]	[REDACTED] 30	[REDACTED]	MA01	M27
[REDACTED] 0118 011818	99213CG	1.000	132.00	132.00	115.75
				CO-45	45.30
PT RESP	119.00	CARC	45.30	CLAIM TOTALS	132.00
				132.00	115.75
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00
				NET	-32.30
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA INSURANCE COMP					
OTHER CLAIM REL IDENTIFICATION: (EA) [REDACTED]					
NAME	HIC	ACNT	ICN	MOA	M27
[REDACTED]	[REDACTED]	[REDACTED] 8	[REDACTED]	MA01	M27
[REDACTED] 0119 011918	99213CG	1.000	132.00	132.00	132.00
				CO-45	48.55
PT RESP	132.00	CARC	48.55	CLAIM TOTALS	132.00
				132.00	132.00
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00
				NET	-48.55
CLAIM INFORMATION FORWARDED TO: MO HEALTHNET DIVISION					
OTHER CLAIM REL IDENTIFICATION: (EA) [REDACTED]					

Negative Payments:

Medicare will take-back the amount applied to Deductible in excess of the RHC AIR.



Provider-Based RHC Remit Sample

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	
NAME			HIC:	ACNT		ICN		MOA:MA01	
	0110 011018		G0439CG	1.000	155.00	155.00	0.00	0.00	153.31
CNTL #:	1					CO-94	-1.44		
						CO-253	3.13		
PT RESP	0.00	CARC	1.69	CLAIM TOTALS	155.00	155.00	0.00	0.00	153.31
ADJ TO TOTALS: PREV PD			INTEREST		0.00	LATE FILING CHARGE	0.00	NET	153.31

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	
NAME			HIC:	ACNT		ICN:		MOA:MA130	
	0104 010418		99213CG	1.000	165.00	165.00	165.00	0.00	-8.56
CNTL #:						CO-45	8.56		
PT RESP	165.00	CARC	8.56	CLAIM TOTALS	165.00	165.00	165.00	0.00	-8.56
ADJ TO TOTALS: PREV PD			INTEREST		0.00	LATE FILING CHARGE	0.00	NET	-8.56

PLB ADJ DETAILS:	REASON	FCN/OTHER IDENTIFIER	AMOUNT	
	FB	YA	3	-8.56
	FB	YA	9	-8.56
	FB	YA	4	-8.56
	FB	YA	5	-8.56

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

Code	Description
1	Deductible Amount
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
CO	Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
MA18	Alert: The claim information is also being forwarded to the patients supplemental insurer. Send any questions regarding supplemental benefits to them. (Modified 4/1/07)
PR	Patient Responsibility. Amount that may be billed to a patient or another payee.

Contact Information

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