

COMMUNITY FIRST HEALTH PLANS  
EXPLANATION OF PAYMENT

Run Date 11/05/02

ID#: 1834

IRS#:

Name and Address of Provider

CARRIER: COMMUNITY FIRST HEALTH PROG#: HMO

Acct: 0500067600

MBR ID:

Patient Name:

Claim Number: 123456789101

Service	Date	LC	Diag#	Proc#	MOD	TDS	Days/Cnt Billed	Allowed	Deduct	Copay	Coins	TPP	Denied	Payment Explain Codes
0101	082702	22	78650	99235		1	-	-265.00	-185.50	.00	.00	.00	-185.50	.00 84
0102	082702	21	78650	99235		1	1	265.00	185.50	.00	.00	.00	.00	185.50 AG 8P
-----														
Sub-total														
								.00	.00	.00	.00	.00	-185.50	185.50

84 CL Place of service missing or invalid for procedure billed  
8P CL Paid per reasonable and customary  
AG CL Adjusted - Received corrected bill

Patient Name:

Claim Number: 020926E00505

Acct: 0500067600

MBR ID:

CARRIER: COMMUNITY FIRST HEALTH PROG#: HMO

Serv	Date	LC	Diag#	Proc#	MOD	TDS	Days/Cnt Billed	Allowed	Deduct	Copay	Coins	TPP	Denied	Payment Explain Codes
0100	092002	21	56211	99232		1	-	90.00	78.00	.00	.00	.00	.00	78.00 8P
0200	082702	21	78650	99235		1	1	265.00	185.50	.00	.00	.00	.00	78.00 8P
0300	092202	21	56211	99238		1	1	108.00	67.00	.00	.00	.00	.00	67.00
-----														
Sub-total														
								288.00	223.00	.00	.00	.00	-185.50	223.00

8P CL Paid of per reasonable and customary

288.00	223.00	.00	.00	.00	-185.50	408.50
-----						
288.00	223.00	.00	.00	.00	-185.50	408.50
-----						

Total