



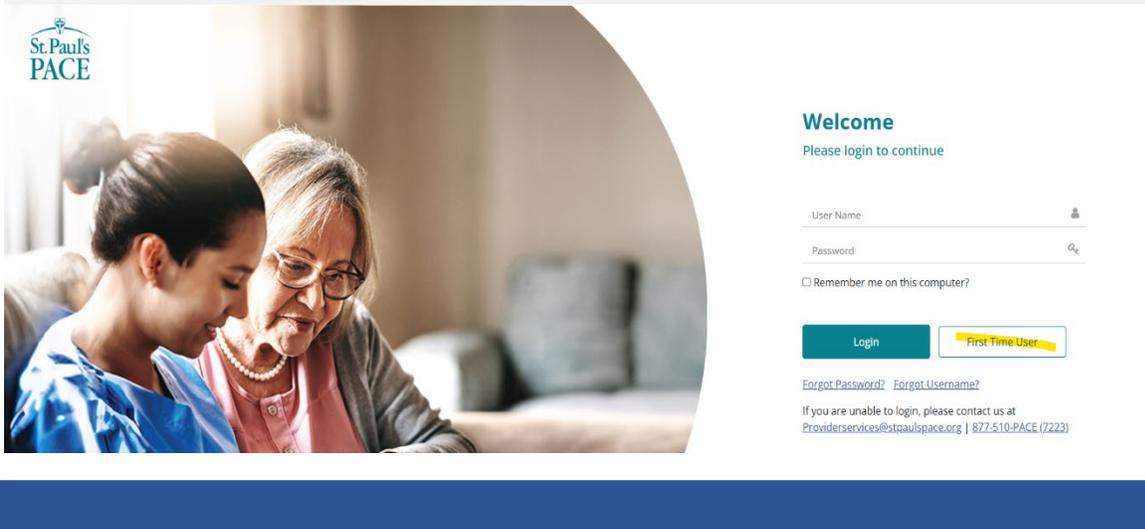
# St. Paul's PACE

## PROVIDER PORTAL GUIDE



## Introduction

Welcome to the St. Paul's PACE provider portal! With this Provider Portal guide, you can learn how to use features such as searching for authorization, check participant eligibility, submit claims and download your claim payment details. Click on "First Time User" to get started!



## The Provider Portal Home Screen

**Left Pane**

- Authorization/Referral
- Capitalization
- Communication
- Customer Service
- Dashboard
- EDI Services
- Eligibility
- Information
- PDR
- Payment Processing
- Reports
- Security

**Actionable Dashboard**

**Authorization (Counts)**

Status	Dec	Nov	Oct
Total	0	0	0
TO MEDICAL DIRECTOR	0	0	0
REQUESTED	0	0	0
APPROVED	0	0	0

**Claims (Counts)**

Status	Dec	Nov	Oct
Total	0	0	0
SYSTEM HOLD	0	0	0
RELEASE TO AIP	0	0	0
PROCESSED	0	0	0
MANUAL HOLD	0	0	0

**Expiring Credentials**

Type	60 Days	30 Days	Expired
CCI	0	0	1
License	0	0	1
Total	0	0	2

**Clinical Alerts Summary (Counts)**

Rule Name	NEW	INVALID	COMPLETED
CLINICAL ALERTS	28	20	21
Star Program Improving Bladder Control	24	6	20
ACO 15: Pneumococcal Vaccination	22	6	18
Star Program Diabetes Kidney Disease Monitoring	22	10	16
ER visits	23	1	17

**Members with Highest RAF**

Member ID	Name	Age	RP	RAF
9883726	RICARDO RODRIGUEZ	34.939	HEBA	3.141
907941901	EVALYN RAY	41.799	CHWP	0.778
100098201	SRIFT TRACKE	44.939	CHWP	0.76
62897289_50	CONNOR C CALL	28.29	CHWP	0.738
80805804F02	SSACANDRA I RODRIGUEZ	14.27	CHWP	0.738

**Recent Auths**

Status	0-1 Days	2 Days	3 Days	4 Days	5 Days
No Details Found.					

**Recent Checks**

Check Date	Check Prefix	Check Number	Check Amount	Payment Source
11/05/2024	1	1364356	945.01	CLAIMS PAYMENT

**Members with Lowest RAF**

Member ID	Name	Age	RP	RAF
444666	RAY FINWLE	24.683	PLNA	0.043
931699893	SINDY H DAVIS	67.211	CHWP	0.21
9782192105	KEVIN KOLUJONG	18.211	CHWP	0.21
9818718004	ERICK PRESCOTT	32.872	CHWP	0.269
058642712	CHAMEU BOREE	26.648	HHRR	0.282

**Recent Claims**

Status	0 Week	1 Week	2 Weeks	3 Weeks	4 Weeks
IN PROCESS	2	0	0	1	0

**Right Pane**

Figure 1 The home screen

## Objectives:

With this user guide, you can learn the functionality of the following modules:

- Authorization Search
- Eligibility
- Claims
- Claims Information
- Payment Processing

## The My Profile Pane

In the **My Profile** pane, you can view and update your existing password and contact information.

This pane opens when you click the **My Profile** link on the top right beside the tools section where you can also view your name.



Figure 2 The My Profile link

A screenshot of the 'My Profile' pane. At the top, there are tabs for 'Profile', 'Change Password/Secret Question', and 'Contact Information'. The 'Profile' tab is selected. Below the tabs is a table with the following data:

Provider ID	Name	Organization Name	Phone	Fax	City	State	Contract Type	Effective From Date	Effective To Date	Days since last verification	Company
1225185168	JOHN SMITH	NICK RIVERIA MEDICAL GROUP	3304927899	3304927866	CANTON	OH	IN NETWORK	01-01-2021		972	DEMO
1221212123	JOHN SMITH	NICK RIVERIA MEDICAL GROUP			Sacramento	CA	CONTRACT FEE FOR SERVICE	04-05-2021		1344	DEMO
12345	Alex Smith	NICK RIVERIA MEDICAL GROUP			Chicago	IL	IN NETWORK	11-17-2023		388	DEMO
1497829147	KRISTIN CHOU	NICK RIVERIA MEDICAL GROUP	5108800000	5108800000	CHICAGO	IL	IN NETWORK	03-01-2012		4083	DEMO

Figure 3 The My Profile pane

**My Profile** has the following tabs:

- In the **Profile tab**, you can view the list of names with their provider IDs and organization associated with the signed in user.
- In the **Change Password/Secret Question tab**, you can view the **Security** section where you can update your password and email address.
- In the **Contact Information tab**, you can update your contact information such as title first and last name, office phone number, fax, address, city, state, ZIP, and phone number.

## Update your password

To update your password, do the following:

1. In **Username**, you can view your username.
2. In the **Old Password** box, type your current password.

3. In the **New Password** box, type your new password.

You can only type a maximum of 25 characters including alphanumeric and special characters.

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**Note:**

Your password must include at least one alphabet, two numbers from 0-9, and one special character.

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4. In the **Confirm Password** box, enter your new password.
  5. In the **Email** box, you can view your email.  
By default, your registered email address appears.
  6. In the **Alternate Email** box, you can type an alternate email address.

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**Note:**

You can select five secret questions for password security

## Authorization Search Module

In the Authorization Search module, you can search for an authorization. [Search for an authorization](#)

To search for an authorization, do the following:

1. In the left pane of the home screen, click the View/Search Authorization submodule to open the Authorization/Referral-Status Search pane.
2. In the search criteria section, you can do any of the following:
  - In the Member ID box, type the ID of the member.

You can also click the search symbol to open the Member Search window where you can search and select a specific member.

- In the Last Name box, type the last name of the member.
- In the First Name box, type the first name of the member.
- In the DOB box, enter the date of birth (DOB) of the member.
- In the Auth. No box, type the authorization number.
- From the Group drop-down list, select the applicable group name.
- In the Request/Receive Date From and Request/Receive Date To boxes, enter the request or receive date range of the authorization.
- From the Group Location drop-down list, select the applicable group location name.
- In the Auth. Date From and Auth. Date To boxes, enter the date range of the authorization.
- In Place of Service, enter the place of service (POS) that you want to include or exclude in the search.

- In the Requesting physician ID box, type the ID of the requesting physician.

You can also click the search symbol to open the Provider Search window where you can search and select for a provider.

- From the Status drop-down list, select the status of the authorization.
- From the Reason drop-down list, select the applicable reason.
- In the Requesting Org ID box, enter the ID of the requesting organization.
- You can also click the search symbol to open the **Organization Search** window where you search and select for an organization.
- In the **Referring To physician ID** box, enter the ID of the referring physician.

You can also click the search symbol to open the Provider Search window where you can search and select for a provider.

From the **Assigned** drop-down list, select **Assigned To Me** to only include the authorizations assigned to you and **Assigned By Me** to only include authorizations assigned by you.

- In the **Referring To Org ID** box, type the ID of the referring organization.

You can also click the search symbol to open the **Organization Search** window where you can search and select for an organization.

- In the **Created By** box, type the name of the user that created the authorization.
- In the **Admit Date From** and **Admit Date To** boxes, enter the admission date range of the authorization.
- From the **Referring to Specialty** drop-down list, select the specialty of the referring-to provider.
- In the **Discharge Date From** and **Discharge Date To** boxes, enter the discharge date range of the authorization.
- From the **Request Type** drop-down list, select the type of authorizations that you want to search in the **Authorization/Referral-Status Search** pane.
- Select the **Show Additional Document Requested Auths** check box to include only those authorizations with requested additional documents.

## 2. Click **Search**.

You can also click **Clear** to remove all the details you entered.

After you click **Search**, the **Authorization Detail** page opens where you can view statuses of the applicable authorization.

# The Claims Module

In the **Claims** module, users are able to submit a new claim view and search for previously submitted claims.

## **Submit a claim**

To submit a claim, follow these steps:

1. In the search criteria section, enter the applicable information, and then click **Search**.
2. In the search results section, click the **CMS1500** or the **Dental** button of the selected claim.

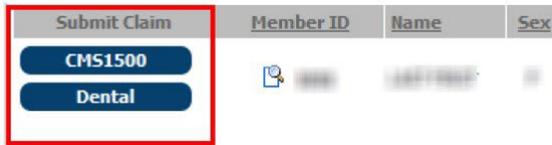


Figure 15 The Submit Claim column

3. In the **Claim Submission** or the **Dental Claim Submission** pane, do the following steps:
  - In the **Referring Provider Information** section, type the applicable provider ID.
  - You can also click the search symbol to open the **Provider Search** window where you can search for the applicable provider.

**Note:**

You are required to enter different information in order to locate a member based on your provider setup.

If you are built as a PCP user or office, you can enter minimal information to find any members attached to your provider profile or tax ID. This includes key letters, partial IDs or combinations of all this information.

If you are built as a non-PCP user, you are required to provide details of the member that includes the member ID, first name, last name, and date of birth.

It is recommended to first add the authorization in order to automatically populate many other details of the claim and to ensure more timely processing of the claim once submitted.

- In the **Additional Information** section, do the following:
  - o In the **Provider Claim/Patient Account #** box, type a provider claim number or patient account number.
  - o In the **Patient Paid Amount** box, type the applicable amount.
  - o In the **Purchase Service Amount** box, type the applicable amount.
- In the **Claim Details** section, do the following:
  - o From the **POS** drop-down list, select the place of service.
  - o In the **Admission Date** and **Discharge Date** boxes, enter the applicable dates.
- In the **Diagnosis** section, type the diagnosis code in the **Diagnosis Code** box, and then click **Add**.
- In the **Services Requested** section, do the following steps:
  - o In the **MM-DD-YYYY** box, type the date.

The date you enter in this box automatically appears in the **From** and **To** boxes present in the service line details.

**Note:** This is only applicable when there is no existing from and to date present in the service line item.

- o In the **Service Date** column, enter the service date range in the From and To boxes.
- o In the **Service Code** column, type the service code.

You can also click the search symbol to open the **Service Search** window where you can search for the applicable service code.

- In the **NDC Code – Qty – Unit Type** column, do the following: Select the National Drug Code (NDC) format. By default, **11-digit 5-4-2** is selected.

You can also click the search symbol to open the **NDC Search** window where you can search for the applicable code.

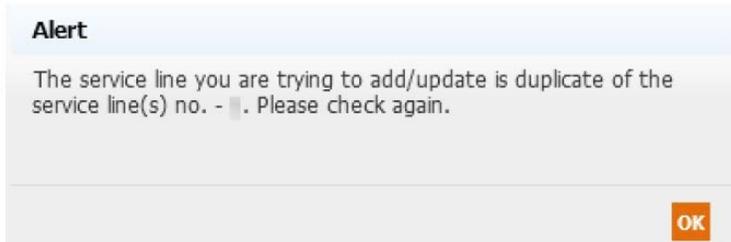
- Type the applicable code
- Type the applicable quantity
- Select the unit type

When you select any 10-digit format and save the claim, the system automatically changes it to 11-digit. This is visible once you open the claim in the claims adjudication pane.

If you save an invalid NDC, the “The NDC may be incorrect. Please submit the code in the service line notes” message appears.

- In the **Modif. 1.** box of the **Modifiers** column, type the applicable modifier code to modify the diagnosis code in the **Ref. 1** box of the **Diag. Ref.** column.  
The **Modif. 2.**, **Modif. 3.**, and **Modif. 4.** boxes have a similar functionality with the **Modif. 1.** box.
- In the **Diag. Ref** column, type the applicable diagnosis code in the diagnosis reference boxes.  
You can enter any number of diagnosis codes from 1 to 12.  
The **Ref. 2.**, **Ref. 3.**, and **Ref. 4.** boxes have a similar functionality with the **Ref. 1.** box.
- In the **Qty - Billed** column, type the quantity of the service and the billed amount.

The quantity value in **Qty - Billed** column resets to 1:00 and the time under **Service Date-Time** resets to 00:00 when you change the unit type to **Units**. o In the **Notes** box, type the notes for the service details.



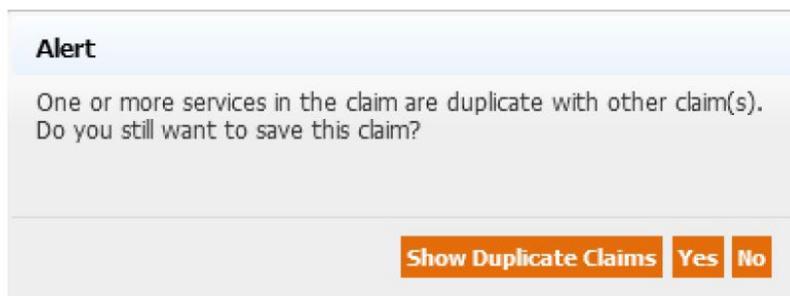
**Figure 16** The “The service line you are trying to add/update is a duplicate of the service line(s) no. - *number*. Please check again.” message

4. In the **Clinical Indications for request** section, type the clinical details of the claim
5. In the **Documents** section, click **Browse** to search and upload a document file. You can click **+ Add more documents** to add a new row for another document file.
6. Click **Submit**.

If you submit a duplicate claim, the “One or more services in the claim are duplicate with other claim(s). Do you still want to save this claim?” message appears when you click **Save**.

Once the claim is successfully saved, the “Claim Saved Successfully. Claim Number [*number*]” validation message appears.

You can click **PRINT CLAIM** to print the claim or click **OK** to close the message.



**Figure 17** The “One or more services in the claim are duplicate with other claim(s). Do you still want to save this claim?” message

Click **Yes** to save the claim, otherwise click **No**.

Click **Submit & Add for Same Member** if you want to add another claim for the same member.

# Verify the status of a claim

To verify the status of a claim, follow these steps:

1. From the Claims module, select the Claims Search/Status submodule to open the **Claims Search** pane.
2. In the **Claims Search** pane, enter the necessary information in the search criteria section.

The screenshot shows the 'Claims Search' interface with various input fields for search criteria. Fields include 'Claim # From' and 'To', 'Authorization #', 'Provider Claim/Patient Account #', 'Search Number', 'Member ID', 'Company', 'Optional Additional Details' (including Provider ID, Service Code, Date of Service From, Date Received, Outcomes, Organization ID, Check #, and Date Paid), 'Diag Code', 'Billed Amount', and 'Group By'. There are also buttons for 'Claim Search', 'Report Eligibility Discrepancy', and 'Clear'.

**Figure 18** The Claim Search pane

3. Click **Claim Search** to show the results in the **Claim Details** section of the entered information in search criteria.

**Note:** It is mandatory to enter the applicable information in at least one field to search for claims.

You can view the status of the claim in the **Status** column.

- Click **Print CMS 1500** if you want to view and print the claim in CMS 1500 format.

**Claim Details** Notes: \*\* All blue text is clickable; N/A = Not Applicable. \*\* Positive adjustment amounts decrease the net amount through subtraction, while negative adjustment amounts increase the net amount through addition.

Claim #	Received Date	Service Date	Auth #	Place Of Service	Member	Provider	Organization	Rendering Provider	Payor	Billed Amount	Contract Amount	Net Amount	Company	Outcome																																																																																									
20241108370401	30-01-2024	09-15-2024		11 OFFICE VISIT	600069101 HALL ANNE N	2497029147 CHOU KRISTINA	44105664 NOX KEMEA MEDICAL GROUP	149782148 CHOU KRISTINA E.	Organization	\$870.00	\$0.00	N/A	DEMO	HOME																																																																																									
<table border="1"> <thead> <tr> <th>Service Date</th> <th>ServiceCode</th> <th>Provider(s)</th> <th>Diag. Code</th> <th>Financial Resp.</th> <th>Adjust Descr.</th> <th>Final Date</th> <th>Check #</th> <th>Qty</th> <th> billed</th> <th>Contract</th> <th>CoPay</th> <th>Coinsurance/Deductible</th> <th>Adjust</th> <th>Net</th> <th>Admin. Fee/Withhold</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>09-15-2024</td> <td>9000F</td> <td></td> <td>000.01</td> <td>JPA</td> <td></td> <td></td> <td></td> <td>1.00</td> <td>\$786.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>N/A</td> <td>\$0.00</td> <td>IN PROCESS</td> </tr> <tr> <td>09-15-2024</td> <td>9000F</td> <td></td> <td>000.01</td> <td>JPA</td> <td></td> <td></td> <td></td> <td>1.00</td> <td>\$150.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>N/A</td> <td>\$0.00</td> <td>IN PROCESS</td> </tr> <tr> <td>09-15-2024</td> <td>9000F</td> <td></td> <td>000.01</td> <td>JPA</td> <td></td> <td></td> <td></td> <td>1.00</td> <td>\$252.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>N/A</td> <td>\$0.00</td> <td>IN PROCESS</td> </tr> <tr> <td>09-15-2024</td> <td>9000F</td> <td></td> <td>000.01</td> <td>JPA</td> <td></td> <td></td> <td></td> <td>1.00</td> <td>\$212.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>N/A</td> <td>\$0.00</td> <td>IN PROCESS</td> </tr> </tbody> </table>															Service Date	ServiceCode	Provider(s)	Diag. Code	Financial Resp.	Adjust Descr.	Final Date	Check #	Qty	billed	Contract	CoPay	Coinsurance/Deductible	Adjust	Net	Admin. Fee/Withhold	Status	09-15-2024	9000F		000.01	JPA				1.00	\$786.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	\$0.00	IN PROCESS	09-15-2024	9000F		000.01	JPA				1.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	\$0.00	IN PROCESS	09-15-2024	9000F		000.01	JPA				1.00	\$252.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	\$0.00	IN PROCESS	09-15-2024	9000F		000.01	JPA				1.00	\$212.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	\$0.00	IN PROCESS
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**Figure 19** The Claim Details section

**Note:** The adjustment code and net amount on the claim may be subject to change until the **Status** is **Processed**. Additionally, the **Show EOB** button appears if the status of the claim is **Processed**.



Figure 20 The Show EOB button

## The Eligibility Module

In the Eligibility module, you can verify the member eligibility and add any eligibility discrepancies.

### Verify a member eligibility

To verify a member eligibility, follow these steps:

1. From the **Eligibility** module, select the **Member Verification** submodule to open the **Eligibility – Member Verification** pane.



2. In the **Eligibility – Member Verification** pane, enter the necessary information in the search criteria section.

3. Click **Verify Eligibility**.

If the member exists in the system, their details will be displayed as shown below.

Details	Member ID	Name	Gender	Date of Birth	Member SSN	Health Plan	Provider ID	Name	Other Coverage?	Resp. Code	Policy #	HP Status	PCP Status
	0298761003	CLEMENT II DOMINGO	M	12-03-1965		CHP	1497829147	CHOU KRISTINJ.	No			Active	Inactive
	0558643712	BORDE CHANDU	F	04-09-1998		HMR	1497829147	CHOU KRISTINJ.	No			Active	Inactive

You can click the **View Details** symbol to view additional member information.

# The Payment Processing Module

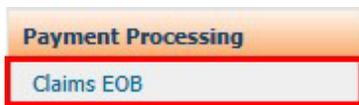
In the **Payment Processing** module, you can generate explanation of benefits (EOBs) for members whose claims are submitted and paid.



## Print a claim explanation of benefits

To print a claim explanation of benefits, follow these steps:

1. From the **Payment Processing** module, select the **Claims EOB** submodule to open the **Claims – Explanation of Benefits** pane.



2. In the **Claims – Explanation of Benefits** pane, enter the necessary information in the applicable boxes.

You can also click the search symbol to open the applicable window where you can search for members, organizations, and providers

**Note:** You can skip the search criteria if you want to generate EOBs for multiple members from a particular organization.

3. In the **Check No** box, enter the check number used to pay the EOB.

You can click the **Retrieve Checks** button to open the **Check No Search** window where you can search for the check number.



A screenshot of a 'Check No Search' window. It features search fields for 'Check Prefix', 'Check No.', and 'Check Amount', along with 'From Date' and 'To Date' fields. There are 'Search' and 'Clear' buttons. Below the search fields is a table with the following data:

Prefix	Check No	Paid Date	Organization Name	Amount	EFT Payment?
1	1564326	11-05-2024	NICK RIVIERA MEDICAL GROUP - 444555666	\$945.01	
1	1564349	10-08-2024	NICK RIVIERA MEDICAL GROUP - 444555666	\$956.07	
1	1564351	10-08-2024	NICK RIVIERA MEDICAL GROUP - 444555666	\$16.55	✓

In the said window, you can enter the check number or the date range to search for a particular check.

When you enter the check number, the applicable date automatically appears in the **Paid Date From** and **To** boxes.

- Click the **Summary EOB** button to view the explanation of payments document as shown below.

Print

Note: To navigate different pages, please enter specific page number. Please click on Close button while closing report for better performance. Close

From: [ ] To: [ ] of 2 | 100%

**Main Report**



**SALES DEMO**  
3233 N. Arlington Heights Rd Suite 307, Arlington Heights, IL, 60004, Phone: (847) 222-1606  
Explanation Of Payments

Provider: SMITH ADAM

PAY TO: **Nick Riviera Medical Group**  
999 Wellness Blvd  
Sacramento, CA 95765

Provider Number: 888777  
Part of: 444555666

Chain: 201906ST330001 Member: Finkle Kay Member ID: 444666 Patient Number: ABC1253 Place of Service: 20 URGENT CARE FACILITY

From Date	To Date	CPT Code	Billed	Contract	Units	Allowed	Adjustment	Copy	Withhold	Other Inv	Paid	Adjustment Details
6/5/24	6/5/24	99214	1,000.00	1,000.00	1	1,000.00	0.00	25.00	9.75	0.00	973.83	131
Total for patient # ABC1253:			1,000.00	1,000.00		1,000.00	0.00		9.75	0.00	973.83	

Notes:

Chain: 2024106T330002 Member: Finkle Kay Member ID: 444666 Patient Number: Place of Service: 11 OFFICE VISIT

From Date	To Date	CPT Code	Billed	Contract	Units	Allowed	Adjustment	Copy	Withhold	Other Inv	Paid	Adjustment Details
2/25/24	2/25/24	99202	-225.40	34.30	-2	-68.60	-15.00	-25.00	0.00	0.00	-28.82	555
Total for patient #:			-225.40	34.30		-68.60	-15.00		0.00	0.00	-28.82	

Notes:

Provider Total:	774.60	1,034.30	931.40	-15.00	9.75	0.00	945.01	
Pay To Total:	774.60	1,034.30	931.40	-15.00	9.75	0.00	945.01	Check Number: 1564356

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