

INTERMEDIARY NAME/ADDRESS/CITY/STATE/ZIP/PHONE NUMBER FILENAME: C.WP

FACILITY PROVIDER NUMBER/NAME

PAID DATE: MM/DD/YY

REMIT#: 1234567890

PAGE:

S U M M A R Y

CLAIM DATA:

DAYS:
COST : 1234567
COVDY : 1234567
NCOVDY: 1234567

CHARGES:

COVD : 12,345,678.90
NCOVD : 12,345,678.90
DENIED: 12,345,678.90

PROF COMP : 12,345,678.90
MSP PAYMT : 12,345,678.90
DEDUCTIBLES : 12,345,678.90
COINSURANCE : 12,345,678.90
PAT REFUND : 12,345,678.90
INTEREST : 12,345,678.90
CONTRACT ADJ : 12,345,678.90
HCPCS AMOUNT : 12,345,678.90
NET REIMB : 12,345,678.90

PASS THRU AMOUNTS:
CAPITAL : 123,456,789.01
RETURN ON EQUITY : 123,456,789.01
DIRECT MEDICAL EDUCATION : 123,456,789.01
KIDNEY ACQUISITION : 123,456,789.01
BAD DEBT : 123,456,789.01
NON PHYSICIAN ANESTHETSITS : 123,456,789.01
TOTAL PASS THRU : 123,456,789.01
PIP PAYMENT : 123,456,789.01
SETTLEMENT PAYMENTS : 123,456,789.01
ACCELERATED PAYMENTS : 123,456,789.01
REFUNDS : 123,456,789.01
PENALTY RELEASE : 123,456,789.01

WITHHOLD FROM PAYMENTS:

CLAIMS ACCOUNTS RECEIVABLE: 123,456,789.01
ACCELERATED PAYMENTS : 123,456,789.01
PENALTY : 123,456,789.01
SETTLEMENT : 123,456,789.01
TOTAL WITHHOLD : 123,456,789.01

PROVIDER PAYMENT RECAP:

PAYMENTS:
DRG OUT AMT : 123,456,789.01
INTEREST : 123,456,789.01
HCPCS AMT : 123,456,789.01
NET REIMB : 123,456,789.01

TOTAL PASS THRU : 123,456,789.01
PIP PAYMENTS : 123,456,789.01
SETTLEMENT PAYMENTS : 123,456,789.01
ACCELERATED PAYMENTS: 123,456,789.01
REFUNDS : 123,456,789.01
PENALTY RELEASE : 123,456,789.01

WITHHOLD : 123,456,789.01

PROVIDER PAYMENT :
(PAYMENTS MINUS WITHHOLD)

123,456,789.01

CHECK/EFT NUMBER : 1234567890