



Provider Remittance Fact Sheet

1. Servicing Provider Information
2. Payee Name
3. Patient Information
4. Claim Information
 - Dates of Service
 - Procedure Code or Revenue Code
 - Amount billed on the claim
 - Allowed Amount
 - Adjusted Amount/Disallow Amount
 - Primary Payor Payment-Coordination of Benefits
 - Patient Responsibility
 - Co Payment
 - Co-Insurance
 - Deductible
 - Non Covered Amount
 - Interest Owed
 - Plan Payment/Benefit Amount
 - Remark Codes/Explanation Codes
5. Claim Totals
 - Current Payment Amount
 - Provider Withhold Amount - Risk withhold amounts and/or Sequestration
 - Prior Paid Amount- Any amount that have been paid on this claim previously
 - Net Payments Amount - Current Payment less Provider Withhold Amount and Prior Paid Amount

Servicing Provider Name: XXXXXXXXXXXXXXXXXXXX 1						Payee Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 2							
Servicing Provider NPI: XXXXXXXX													
Patient and Services Information													
Account Number XXXXXXXXXXXX 3				Subscriber # XXXXXXXXXXXX		VNSNY CHOICE							
Patient Name XXXXXXXXXXXXXXXX				Claim Id XXXXXXXXXXXXXXXX									
Dates of Service		Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	Patient Responsibility				Interest Owed	Plan Payment	Remarks
M/DD/Y	M/DD/Y	XXXX	000.00	0.00	000.00	0.00	Co Pay	Co Ins	Ded Amt	Non Cvr'd			
			000.00	0.00	000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Claim totals for: XXXXXXXXX			000.00	0.00	000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4 →						5							
										Current Payment Amount:		\$0.00	
										Provider Withhold Amount:		\$0.00	
										Prior Paid Amount:		\$0.00	
										Net Payment Amount:		\$0.00	

6. Explanation of adjusted claims- This will display under a adjusted claim. This details the original claim number, amount paid and date the original claim was paid.

7. Provider Total- Total amounts for all claims listed on the Remittance Advice.

8. Payee mailing information

9. Payment Summary - The below headings are for all claims listed on the Remittance Advice

- Date Payment is being made
- Check Number
- Who payment is being made to
- Payee tax ID
- Reference ID • Total

Charges

- Total Cons Charged- Total Considered Charges. This is the larger of contracted amounts and charges
- Total Denied
- Total Allowed
- Non Paid- Total of Coordination of Benefits and Member responsibility
- Prior Paid- Total of amount previously

• Interest Owed- Total interest paid

• Provider withhold- Total Risk withhold amounts and/or Sequestration

• Gross Paid - Total Charged less Total Denied, Non Paid, Prior Paid, and Provider Withhold.

• Reductions- Total amount of all original claims payments when the reprocessed claim on the Remittance Advise is paid less than the prior paid.

* - This is an adjustment of Claim Number: 12345678900, which was previously paid for \$0.00 on MM/DD/YYYY. Overpayments are explained in greater detail at the end of this Remittance.

6

	Amount Billed	Amount Allowed	Adjusted	Primary Payer	Patient Responsibility			Interest Owed	Plan Payment
					Pmt	Co Pay	Co Ins		
Provider total: XXXXXXXXX	000.00	0.00	000.00	0.00	0.00	0.00	0.00	0.00	0.00

Your Provider
1234 Smith St.
Your Town, US
12345

Payment Date: M/DD/YY	Total Charged:	\$000.00
Check #: 0	Total Cons Charged ¹ :	\$000.00
Paid To: Your Provider	Total Denied:	\$000.00
	Total Allowed:	\$0.00
Tax ID: XXXXXXXXXXXX	Non Paid ² :	\$0.00
Reference Id: XXXXXXXXXXXXXXXXX	Prior Paid:	\$0.00
1 - Larger of contracted amount and charges.	Interest Owed:	\$0.00
2 - Includes items such as COB and Patient Responsibility	Provider Withhold:	\$0.00
	Gross Paid:	\$0.00
	Reductions:	\$0.00
	Automatic Recovery:	\$0.00
	Other Recoveries:	\$0.00
	Net Check Amount:	\$0.00

Explanation of Claims Handling

7

8

9

10

- Automatic Recovery- Amount recovered from medical overpayment
- Other Recoveries
- Net Check Amount- Gross Paid less and any Recoveries

10. Explanation of Claims Handling- Remark Codes with descriptions

11. Payment Reduction and Recovery Summary

- Previous Balance- Existing Medical Overpayment Balance
- Recoveries on this Remittance- Medical Overpayment amount being recovered on this Remittance
- Reductions on this Remittance- Medical Overpayment amount being added to the total on this Remittance
- New Balance

<u>Payment Reduction and Recovery Summary:</u>						
<u>Previous Balance</u>		<u>Recoveries on this Remittance</u>		<u>Reductions on this Remittance</u>		<u>New Balance</u>
0.00	-	000.00	+	000.00	=	0.00
11						
<u>Payment Reductions and Recoveries made in this Remittance Cycle</u>						
<u>Transaction Type</u>	<u>Reduction/Recovery Type</u>	<u>Reduction Create Date</u>	<u>Recovery Date</u>	<u>Transaction Explanation:</u>	<u>Reduction Amount</u>	<u>Recovery Amount</u>
Reduction	Medical Overpayment	MM/DD/YY		Overpaid Claim Number: 12345678900	0.00	0.00
Recovery	System Recovered	MM/DD/YY	MM/DD/YY		0.00	0.00
Reduction	Medical Overpayment	MM/DD/YY		Overpaid Claim Number: 12345678900	0.00	0.00
Recovery	System Recovered	MM/DD/YY	MM/DD/YY		0.00	0.00
Reduction	Medical Overpayment	MM/DD/YY		Overpaid Claim Number: 12345678900	0.00	0.00
Recovery	System Recovered	MM/DD/YY	MM/DD/YY		0.00	0.00
					000.00	000.00
12						

12. Payment Recoveries and Reductions made in this Remittance Cycle- This provides details the claims that was originally overpaid and when the overpaid amount for that claim was recovered.