

Run Date 10/1/98

COMMUNITY FIRST MEDICAID HEALTH PLAN - EXPLANATION OF PAYMENT

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PROVIDER/HOSPITAL NAME
PROVIDER/HOSPITAL ADDRESS
CITY, STATE, ZIP CODE

PROVIDER/HOSPITAL NUMBER

IRS#: PROVIDER/HOSPITAL IRS NUMBER

Patient Name: (PATIENT'S NAME)
Control No: 009830100652

Age: 19

DRG#: 32

ID: (PATIENT'S ID#)

Acct: 20688

Serv	Dates	Disgn	Prcc#	Days/Cnt	Auth#	Charged	Allowed	Explain	Codes	Denied	Dedccpay	Discount	Risk	Typ	Payment
0100	101598-101698	V222	9030X	1		40.00	23.80	32		22.80	.00	.00	.00	.00	.00
0200	101598-101698	V222	81000	1		10.00	4.37	32		4.37	.00	.00	.00	.00	.00
			Sub-total			50.00	27.17			27.17	.00	.00	.00	.00	.00
			TOTAL			50.00	27.17			27.17	.00	.00	.00	.00	.00

Explanation Code Description
32 CL Member is a Medicaid SSI client - resubmit to NHIC