

XYZ Insurance

223 XYZ street
X town
HI xxxxx

PROVIDER REMITTANCE ADVICE
THIS IS NOT A BILL

ABC Family Medicine PC
123 ABC Street Unit 201
ABC Town
CO xxxxx

PATIENT: Zena Zeldov.

CLAIM: # 1

FROM DATE	THRU DATE	Description	AMT BILLED	AMT ALLOWED	DEDUCT	COPAY/ COINS	PROV PAID	REASON CODE
3/1/XX	3/15/XX	Comp O.V	250.00	240.00	0.00	48.00	192.00	

PATIENT: Toni Samuels.

CLAIM: # 33

FROM DATE	THRU DATE	Description	AMT BILLED	AMT ALLOWED	DEDUCT	COPAY/ COINS	PROV PAID	REASON CODE
3/22/XX	3/22/XX	B12 inj	26.00	26.00	0.00	10.00	26.00	

PATIENT: Barbara Bradford.

CLAIM: # 12

FROM DATE	THRU DATE	Description	AMT BILLED	AMT ALLOWED	DEDUCT	COPAY/ COINS	PROV PAID	REASON CODE
3/15/XX	3/16/XX	blood work	50.00	48.00	0.00	15.00	43.20	

PAYMENT SUMMARY:

TOTAL AMOUNT PAID	261.20
PRIOR CREDIT BALANCE	000.00
NET DISBURSED	261.20

TOTAL ALL CLAIMS:

AMOUNTS CHARGED	326.00
AMOUNTS ALLOWED	314.00
DEDUCTIBLE	0.00
COPAY	73.00
OTHER REDUCTION	0.00
AMOUNT APPROVED	261.20

EFT INFORMATION:

NUMBER:	321321
DATE:	3/30/XX
AMOUNT:	261.20