

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: Victor Volosky.			CLAIM: # 12					
FROM DATE	THRU DATE	Description	AMT BILLED	AMT ALLOWED	DEDUCT	COPAY/ COINS	PROV PAID	REASON CODE
4/1/XX	4/15/XX	Comp O.V	300.00	300.00	0.00	20.00/ 10.00	270.00	

PATIENT: Martin Moore.			CLAIM: # 33					
FROM DATE	THRU DATE	Description	AMT BILLED	AMT ALLOWED	DEDUCT	COPAY/ COINS	PROV PAID	REASON CODE
3/30/XX	4/15/XX	B12 inj	26.00	26.00	0.00	0.00	26.00	

PAYMENT SUMMARY:		TOTAL ALL CLAIMS:		EFT INFORMATION:	
TOTAL AMOUNT PAID	296.00	AMOUNTS CHARGED	326.00	NUMBER:	321323
PRIOR CREDIT BALANCE	000.00	AMOUNTS ALLOWED	326.00	DATE:	4/30/XX
NET DISBURSED	296.00	DEDUCTIBLE	0.00	AMOUNT:	296.00
		COPAY	20.00		
		OTHER REDUCTION	0.00		
		AMOUNT APPROVED	296.00		