**R&S Report: Adjustments Page**

**Texas Medicaid & Healthcare Partnership**

**Remittance and Status Report**

**Date:** 02/01/2016

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<th>PATIENT NAME</th>
<th>CLAIM NUMBER</th>
<th>MEDICAID #</th>
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<th>MEDICAL RECORD #</th>
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**ADJUSTMENT CLAIM:**

DOE, JANE 10002101120160066666666 123456789 00207

12/05/2015 12/05/2015 W D7280 1.0 600.00 .0 .00 1 .00 01147 J

$600.00 .00 .00 ADJUSTMENT CLAIM TOTAL

00207 THE CLAIM REPORTED ABOVE IS AN ADJUSTMENT TO PREVIOUS CLAIM 100021020201534555555555 WHICH APPEARS ON R&S DATED 12/23/2015

**ORIGINAL CLAIM:**

DOE, JANE 100021020201535554555555 123456789 01147

12/05/2015 12/05/2015 W D7280 1.0 600.00 1.0 62.50 1 60.94 00149 01004 J

$600.00 $62.50 $60.94 ORIGINAL CLAIM TOTAL

00601 A RECEIVABLE HAS BEEN ESTABLISHED IN THE AMOUNT OF THE ORIGINAL PAYMENT: $60.94. FUTURE PAYMENTS WILL BE REDUCED OR WITHHELD UNTIL SUCH AMOUNT IS PAID IN FULL.

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**ADJUSTMENTS - PAID OR DENIED**

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**IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.**