R&S Report: Adjustments Page

Texas Medicaid & Healthcare Partnership Remittance and Status Report Date: 02/01/2016

Mail original claim to:

Texas Medicaid & Healthcare Partnership

P.O. Box 200555

Austin, Texas 78720-0855

TEXAS PROVIDER PO BOX 848484

DALLAS, TX 75888-1234

(214) 555-4141

TPI: 1234567-01 NPI/API: 1234567890 Taxonomy: 193400000X

Benefit Code:

Report Seq. Number: 35 R&S Number: 2460000

Mail all other correspondence to: Texas Medicaid & Healthcare Partnership 12357-B Riata Trace Parkway Austin, Texas 78727-6422

(800) 925-9126

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PATIENT NAME PATIENT ACCT #	CLAIM NUMBER MEDICAID # PATIENT ACCT # MEDICAL RECO			CORD #	MEDICARE #	EOB E	OB EOB	B EOB EOB		DIAGNOSIS	
SERVICE DATES FROM TO	TOS PROC QT		ALLOWE	D CHARGE	POS	PAID AMT	EOB E	ОВ ЕОВ	EOB	EOB	MOD MOD
ADJUSTMENT CLAIM: DOE, JANE 100021011	**************************************	123456789	· · · ADJUSTME	MIS - PAID	OK DENIED	0()207				
11111 12/05/2015 12/05/2015	W D7280 1.	0 600.00	.0	.00	1	.00	01147				J
		\$600.00		\$.00		\$.00	ADJUSTME	NT CLAIM	TOTAL		
3 THE CLAIM REPORTED .	ABOVE IS AN ADJUSTM	ENT TO PREVIOUS CLA	AIM 10002102	02015345555	55555 WHIC	H APPEARS ON I	R&S DATED	12/23/20	15		
ORIGINAL CLAIM: DOE, JANE 100021020	201535554555555	123456789				01	1147				

11111 62.50 60.94 00149 01004 12/05/2015 12/05/2015 W D7280 1.0 \$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.

*********************************** 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.