

R&S Report: Claims in Process

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

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

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code:
Report Seq. Number: 35
R&S Number: 2460000

(800) 925-9126

PATIENT NAME	CLAIM NUMBER	MEDICAID #	PATIENT ACCT #	MEDICAL RECORD #	MEDICARE #	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	EOPS	DIAGNOSIS	
PATIENT ACCT #																				
---SERVICE DATES---																				
FROM	TO	TOS	PROC	QTY	CHARGE	QTY	CHARGE	POS	PAID AMT	EOPS	MOD	MOD								

***** THE FOLLOWING CLAIMS ARE BEING PROCESSED *****

THE EXPLANATION OF PENDING STATUS (EOPS) CODES LISTED ARE NOT FINAL CLAIM DENIALS OR PAYMENT DISPOSITIONS. THE EOPS CODES IDENTIFY THE REASONS WHY A CLAIM IS IN PROCESS. BECAUSE THESE CLAIMS ARE CURRENTLY IN PROCESS, NEW INFORMATION CANNOT BE ACCEPTED TO MODIFY THE CLAIM UNTIL THE CLAIM FINALIZES AND APPEARS AS FINALIZED ON YOUR R&S REPORT. PLEASE REFER TO THE LAST SECTION OF THIS REPORT FOR THE MESSAGES THAT CORRESPOND TO THE EOPS CODES USED ON THIS REPORT.

DOE, JANE	100020030201612345678910	123456789	201.03	1.0	\$201.03	00A01	R0602
					\$201.03		
PENDING CLAIM TOTALS					\$201.03		

IF YOUR CLAIM HAS NOT APPEARED ON AN R&S REPORT AS PAID, DENIED OR PENDING WITHIN 30 DAYS OF SUBMISSION TO TMHP, PLEASE CONTACT TELEPHONE INQUIRY AT 1-800-925-9126 AND/OR SEE CLAIMS FILING INSTRUCTIONS IN YOUR PROVIDER MANUAL.