

# R&S Report: Paid or Denied Claims Physician

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 #	EOB	EOB	EOB	EOB	DIAGNOSIS						
PATIENT ACCT #																
---SERVICE DATES---		-----BILLED-----		-----ALLOWED-----												
FROM	TO	TOS	PROC	QTY	CHARGE	QTY	CHARGE	POS	PAID AMT	EOB	EOB	EOB	EOB	EOB	MOD	MOD
***** CLAIMS - PAID OR DENIED *****																
DOE, JANE	100030010201604400000000				123456789					01147					K219	
0000																
01/04/2016	01/04/2016	3	99252	1.0	226.00	1.0	56.46	3	55.05	00000	00475	01004				
					\$226.00		\$56.46		\$55.05	CLAIM TOTAL						
PAID CLAIM TOTALS					\$226.00		\$56.46		\$55.05							

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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.  
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