

# Reimbursement Comment Analysis

Patient Name	Voucher	Actual Provider	Dept	Service Date	Fee	Units	Charge	Contractual Allowance	Allowed	Primary Paid	Primary Adj
<b>Actual Provider:</b>											
<b>Insurance Carrier: BLUE SHIELD / FEDERAL</b>											
<b>Reimbursement Comment: GLO</b>											
PAULA		1362 GLYPHI	PRACTIC	03/07/2003	30.00	1.00					
Proc: 99211	OFFICE/OUTPATIENT VISIT, EST, LVL 1			03/07/2003	30.00	1.00	30.00	24.45	24.45	0.00	0.00
06/11/2003	Remittor: BSFED	Ref: TRANSFER		BLUE SHIELD TRANSFER				30.00			
Totals for: Reimbursement Comment: GLO					Number of Claims :	1	30.00	24.45	24.45	0.00	0.00
Totals for: Insurance Carrier BLUE SHIELD / FEDERAL					Number of Claims :	1	30.00	24.45	24.45	0.00	0.00
<b>Insurance Carrier: BLUE SHIELD MASSACHUSETTS</b>											
<b>Reimbursement Comment: GLO</b>											
DONNA		50201 GLYPHI	PRACTIC	07/07/2003	10.00	1.00					
* Proc: 90782	INJECTION, SC/IM			07/07/2003	10.00	1.00	10.00	5.53	0.00	0.00	10.00
08/04/2003	Remittor: BSMA	Ref: NPS		BLUE SHIELD BAD DEBT				10.00			
Totals for: Reimbursement Comment: GLO					Number of Claims :	1	10.00	5.53	0.00	0.00	10.00
Totals for: Insurance Carrier BLUE SHIELD MASSACHUSETTS					Number of Claims :	1	10.00	5.53	0.00	0.00	10.00
<b>Insurance Carrier: HEALTH NEW ENGLAND</b>											
<b>Reimbursement Comment: REF</b>											
VICTOR		1900 GLYPHI	PRACTIC	03/12/2003	80.00	1.00					
* Proc: 99213	OFFICE/OUTPATIENT VISIT, EST, LVL 3			03/12/2003	80.00	1.00	100.00	66.15	0.00	46.03	0.00
08/26/2003	Remittor: HENE	Ref: 418807		COMMERCIAL TRANSFER				80.00			
09/25/2003	Remittor: HENE	Ref: 422934		COMMERCIAL PAYMENT				46.03			
Totals for: Reimbursement Comment: REF					Number of Claims :	1	100.00	66.15	0.00	46.03	0.00
Totals for: Insurance Carrier HEALTH NEW ENGLAND					Number of Claims :	1	100.00	66.15	0.00	46.03	0.00
<b>Insurance Carrier: TUFTS SECURE HORIZONS</b>											
<b>Reimbursement Comment: REF</b>											
ERMINA		53780 GLYPHI	PRACTIC	07/15/2003	80.00	1.00					
Proc: 99213	OFFICE/OUTPATIENT VISIT, EST, LVL 3			07/15/2003	80.00	1.00	100.00	54.41	54.41	39.41	25.59
08/22/2003	Remittor: TUFTSEC	Ref: 1216431		SECURE HORIZONS CONTRACT AD				25.59			
09/10/2003	Remittor: TUFTSEC	Ref: 1223905		SECURE HORIZONS PAYMENT				39.41			
Totals for: Reimbursement Comment: REF					Number of Claims :	1	100.00	54.41	54.41	39.41	25.59
Totals for: Insurance Carrier TUFTS SECURE HORIZONS					Number of Claims :	1	100.00	54.41	54.41	39.41	25.59
Totals for: Actual Provider					Number of Claims :	4	240.00	150.54	78.86	85.44	35.59