

Mercy Care Affiliated RBHA

4350 E. Cotton Center Blvd. Building D Phoenix, AZ 85020

Forwarding Service Requested

HOSPITAL CENTER 987 E. RIVER STREET P O BOX 1234 PHOENIX, AZ 85004

HOSPITAL CENTER

EXAMPLE # 2

If you have any questions Please contact the Claims Department at (800) 564-5465

05/24/2009 Remit Date: 0.00 **Beginning Balance: Processed Amount:** 122.54 **Discount/Penalty:** -2.40**Net Amount:** 120.14 **Refund Amount:** 116.50 **Amount Recouped:** 0.00 Amount Paid: 236.64 **Ending Balance:** 0.00

> EFT Reference #: EFT1234567 EFT Amount: 236.64 Bank Account: XXXXX1234

TIN: 123456789

Benefit Plan: Mercy RBHA

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Patient Acct #: 3333333333333 Patient: DOE, JANE Claim Status: PAID **Member ID:** 99999999 Claim #: 050328888888 **Authorization ID:** Date of Birth: 12/24/1950 Provider: HOSPITAL CENTER **Refund Amount:** Rev Line **Dates of Service** Serv Mod FFS/ Units Billed Disallowed Allowable Co-Pay **COB Paid** Processed Discount/ Net (From - Thru) Code Code Code CAP Amount Amount Amount Penalty Amount 1 02/06/09 73130 RT 320 FFS 34.00 0.00 32.64 0.00 0.00 32.64 -0.33 32.31 2 02/06/09 99281 451 **FFS** 60.00 0.00 57.60 0.00 0.00 57.60 -0.58 57.02 3 02/06/09 99283 **FFS** 155.00 0.00 148.80 0.00 0.00 148.80 -1.49 147.31 Claim Totals 249.00 0.00 239.04 0.00 0.00 239.04 -2.40 236.64

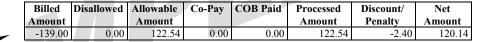
Patient: DOE, JOHN				Patient Acct #: 444444444444					Claim Status: REVERSED					
Member ID: 88888888888				Authorization ID:					Claim #: 050229999999					
Date of Birth: 06/30/1992				Provider: HOSPITAL CENTER					Refund Amount: 116.50					
Line	Dates of Service	Serv	Mod	Rev	FFS/	Units	Billed	Disallowed	Allowable	Co-Pay	COB Paid	Processed	Discount/	Net
#	(From – Thru)	Code	Code	Code	CAP		Amount		Amount	-		Amount	Penalty	Amount
1	10/10/09	99285			FFS	-1	-388.00	0.00	-116.50	0.00	0.00	-116.50	0.00	-116.50
Claim Totals							-388.00	0.00	-116.50	0.00	0.00	-116.50	0.00	-116.50

Code/Description
Reversal of Claim # 033012345678

123 – Payer refund due to overpayment

Remit Totals

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EXAMPLE #2



Mercy Care Affiliated RBHA

4350 E. Cotton Center Blvd. Building D Phoenix, AZ 85020 If you have any questions Please contact the Claims Department at (800) 564-5465

Forwarding Service Requested

HOSPITAL CENTER
TIN: 123456789

EXAMPLE # 2

Remit Date: 05/24/2009

EFT Reference #: EFT1234567 **Benefit Plan:** Mercy RBHA

Messages

Mercy Care Affiliated RBHA offers the following resources for additional information and assistance:

- (1) In accordance with Arizona Administrative Codes (AAC) R9-22-702, R9-28-702 and R9-31-702, "A contractor, subcontractor, or other provider of care or services shall not charge, submit a claim, demand, or otherwise collect payment from a member or eligible person, or a person acting on behalf of a member or eligible person, for any covered service except to collect an authorized co-payment or payment for additional services." This means that eligible members cannot be billed for covered services. Members must not be billed for services that are not paid due to the failure of the provider to comply with Mercy Maricopa Integrated Care authorization or billing requirements.
- (2) For Claims Inquiry please go to our website at www.mercymaricipa.org or call (800) 564-5465 to verify that your claim was processed correctly or for clarification of information before initiating a claims dispute.
- (3) For Claims Resubmission and Reconsideration: Mark at the top of the claim "resubmission" or "reconsideration" and submit:
 - Nature of request;
 - Member's name, date of birth, member ID number;
 - Service/admission date;
 - Location of treatment, service, or procedure;
 - Documentation supporting request;
 - · Copy of claim; and
 - Copy of the remittance advice on which the claim was denied or incorrectly paid.

Request for Resubmission and Reconsideration MUST be sent to:

Mercy Care Affiliated RBHA

Attn: Claims R & R P.O. Box 64835 Phoenix, AZ 85072-2089

Please note: You have 12 months from date of service to file a resubmission or request for reconsideration of a claim. If you have any questions please contact Claims Inquiry at (800) 554-5465.

- (4) To file a formal written claims dispute, submit:
 - Nature of request (legal and factual basis for appeal);
 - Member's name, date of birth, member ID number;
 - Service/admission date;
 - Location of treatment, service, or procedure;
 - Clinical information and/or medical records/documentation supporting request;
 - · Copy of claim; and
 - Copy of the remittance advice on which the claim denied or incorrectly paid.

Claims disputes N be sent to:

Mercy Care Affiliated RBHA Attn: Claims Disputes 4350 E. Cotton Center Blvd

Bldg. D

Phoenix, AZ 85040

Please note: Claims disputes must be filed within 12 months from date of service, 12 months after the date of eligibility posting or within 60 days after the date of a timely claim submission, whichever is less. Claims disputes challenging an adverse decision must be filed within 60 days.

EXAMPLE # 2