

Health Partners
 901 Market Street, Suite 500
 Philadelphia, PA 19107

Return Service Requested

1 1.1776 SP 0.550

ABC Physicians
 PO BOX 000
 Philadelphia, PA 19103

Questions?
 Please contact Provider Services at
 215-991-4350 or
 Toll-Free 1-888-991-9023

Check No: 12345678912
Check Date: 05/01/04
Check Amount: 280.09
Vendor ID: 123456789
Vendor Name: ABC Physicians

Check Number,
 Check Date,
 Check Amount,
 Vendor ID and
 Vendor Name.

Account #
 submitted on
 the claim.

Explanation of Payment

Claim #: 1234567891234		Patient Name: John Doe		Patient Acct #: 123456789								
Member #: 123456789D		Provider Name: Steven Marks		Provider ID #: 12345MD123456L								
		PCP Name: Jane Smith		PCP #: 12345OS123456L								
Line #	Date of Service	Service Code	Units	Total Charge	Allowed Amount	Prepaid Amount	Deductible Amount	Co-Pay/ Co-Ins	COB	Interest	Payment Amount	EOP Code
001	4/16/04-4/16/04	99214	1.00	125.00	87.44	0.00	0.00	15.00	0.00	0.00	72.44	990
CLAIM TOTALS				125.00	87.44	0.00	0.00	15.00	0.00	0.00	72.44	

Claim #: 9876543211234		Patient Name: Jane Doe		Patient Acct #: 987654321								
Member #: 987654321D		Provider Name: Jonathan Davis		Provider ID #: 54321MD654321L								
		PCP Name: John Mark		PCP #: 54321OS888886L								
Line #	Date of Service	Service Code	Units	Total Charge	Allowed Amount	Prepaid Amount	Deductible Amount	Co-Pay/ Co-Ins	COB	Interest	Payment Amount	EOP Code
001	4/29/04-4/29/04	A0428	1.00	200.00	200.00	0.00	0.00	0.00	0.00	0.00	200.00	
002	4/29/04-4/29/04	A0425	1.00	7.65	7.65	0.00	0.00	0.00	0.00	0.00	7.65	
CLAIM TOTALS				207.65	207.65	0.00	0.00	0.00	0.00	0.00	207.65	

STATEMENT TOTALS	332.65	295.09	0.00	0.00	15.00	0.00	0.00	280.09
-------------------------	--------	--------	------	------	-------	------	------	--------

EOP Code	Description
990	PAID PER CONTRACT FEE SCHEDULE

Service Code:
 This field will contain either the Service Code including Modifier, Revenue code, NDC code or DRG code for each claim line.

EOP Code Description:
 can be found on the last page of the EOP.

Statement Totals:
 Totals each column of the claim total lines for every claim.

Interest: No later than July 1, you will see interest populated in this field, if applicable. Normal process for interest payment will apply until it is available.