

# PROVIDER SUMMARY VOUCHER

**Memorial Hospital**  
 PO Box 1290  
 Latham, NY 12210  
 800-888-7777

**JOHN A PROVIDER**  
 230 ELM STREET  
 STE 200  
 ANY TOWN, USA 99999

**Date:** 08/17/15  
**Profile:** LLL  
**Vendor #:** A998877  
**NPI:** 1234567890  
**Check #:** 0000999999  
**Check Amount:** 170.00

Date of Service	Proc Code	Mod Cod	Units	Charged Amount	Allowed Amount	Provider Withhold	Discount Amount	COB Amount	Prepaid Amount	Non-covered Amount	Deductible Amount	Co-Pay Amount	Co-Ins Amount	Paid Amount	Other Ins	EOP Codes	
<b>Patient:</b> ELIZABETH L. PATIENT				<b>Member #:</b> 2005999999		<b>Member #:</b> 909999999111		<b>Svc NPI:</b> 1234567890				<b>Claim #:</b> 01 061206 99999 00002					
<b>Provider:</b> JOHN A PROVIDER				<b>Provider #:</b> 15059999		<b>Parent/Group:</b> CCC CCC001				<b>GL Code:</b> RCCC							
0403-040306	90834			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	GF
<b>Post Max Copay: 0.00</b>				<b>Post Max Coins: 0.00</b>													
0411-041106	90834		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00	BS
<b>Post Max Copay: 0.00</b>				<b>Post Max Coins: 0.00</b>													
0425-042506	90834		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00	BS
<b>Post Max Copay: 0.00</b>				<b>Post Max Coins: 0.00</b>													
0505-050506	90834		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00	BS
0509-050906	90834			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YA IQ
0516-051606	90834			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YA IQ
<b>Claim Totals:</b>				540.00	195.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.50	97.50	0.00	0.00	

**Precert Penalty: 0.00**

<b>Patient:</b> ANGELA M. JACKSON				<b>Member #:</b> 2005888888		<b>Member #:</b> 908888811		<b>Svc NPI:</b> 1234567890				<b>Claim #:</b> 01 061206 88888 00001					
<b>Provider:</b> JOHN A PROVIDER				<b>Provider #:</b> 150576		<b>Parent/Group:</b> CCC CCC001				<b>GL Code:</b> RCCC							
0418-041806	90791			90.00	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	0.00	G6 GS
0504-050406	90834		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	22.50	0.00	0.00	BS
0509-050906	90834			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YA IQ GS
0516-051606	90834			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YA IQ GS
0524-052406	90834			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YA IQ GS
0530-053006	90834			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YA IQ GS
<b>Claim Totals:</b>				540.00	155.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	72.50	0.00	0.00	

**Precert Penalty: 50.00**

**Statement Totals:**

1080.00    350.00    0.00    0.00    0.00    0.00    0.00    0.00    0.00    0.00    130.00    170.00    0.00

**Precert Penalty: 50.00**

**Provider Summary**

JOHN A PROVIDER	1080.00	350.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	170.00	0.00	0.00	
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**Precert Penalty: 50.00**

EOP Code	Description
BS	BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE
G6	DAILY THERAPY LIMITS EXCEEDED
GF	DUPLICATE CLAIM
GS	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
IQ	SERVICE INVALID FOR VENDOR
YA	RESUBMIT WITH CORRECT PAY TO LOCATION

