

SAMPLE CASE # 3 – EOBs attached (5 pages)

Patient: "G.G"

Carrier: CoreSource (Employer Funded)

Initial ER admit

Date(s) of service: 5/12/2012

Dx: Diverticulosis of small intestine, Intra-abdominal abscess

CPT line items (# of procedures): 2

Total Claim(s) Amount : \$ 16,585.66

Amount paid to provider: \$ 14,367.00 (87%)

Note: - provider chose not to balance bill for remaining 13% in deductibles/co-ins

Second ER admit

Second dates of service: 7/13/2012 – 7/28/2012

Dx: Renal Failure w/lesion of tubular necrosis

CPT line items 16 – (E&M codes for 16 day inpatient stay)

Total Claim amount : \$ 4,101.00

Amount paid to provider \$3,925.00 (96%)

Third ELECTIVE admission for surgery

Date of service: 9/13/12

Total claim amount: \$ 21,393.33

Initial payment to provider: \$ 10,075.10 on 11/20/2012

Carrier adjudication method:

- Claim processed as out of network – Elective surgery – covered at 70%
- Code bundling
- Multiple procedure rules paid at 50% of "reasonable and customary"

Appeal/Re-submission date: 1/8/13

Contacted Employer's Human Resources Dept. with patient's permission.

Appeal Basis: elective surgery post ER surgery for treatment for same Dx (medical justification for same provider to render follow-up procedure due to exclusive medical/anatomical knowledge of the patient's condition, (i.e. enterostomy closure and take down splenic flexure)

Claim settlement date: 3/1/2013 – (five months post date of service)

Amount Paid : \$ 10,952.15

Total paid to provider

for ELECTIVE out of network surgery: \$21,027.25 (98% of providers fee)

CoreSource
PO Box 2920
Clinton, IA 52733-2920

Forwarding Service Requested



35088 0.7130 AT 0.371 3-DIGIT 100



131

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CoreSource
PO Box 2920
Clinton, IA 52733-2920

Electronic Payment Clearinghouse
Huntington National Bank
Westerville OH 43081

54-1532
441

DRAFT NO. []
DRAFT DATE: 07/18/2012

PAYABLE THROUGH Fourteen Thousand Three Hundred Sixty Seven Dollars
DRAFT

TO THE ORDER OF

AMOUNT
*****\$14,367.00

William Primm

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112100648# :044115126: #01669

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201207200115

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1 OF 3
 ENVY 35088

Forwarding Service Requested

3-DIGIT 100

35088 0.7130 AT 0.371



131

Payment Questions? Please refer to the customer service numbers below

The IRS has a different name on file for this tax id than the one shown on this payment. Please fax a W9 with the correct name to 440-835-5656

Tax ID: _____ EPC Draft #: _____ Payment Week: 29 Payment Date: 07/18/2012

Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
Provider: _____, MD			Patient Name: _____			Group/Check Number: _____			
Network: _____			Member Number: _____			Customer Service #: 1-866-893-4472			
Patient Acct #: _____ 742			Claim Number: _____			Administered By: CoreSource			
05/12/12	44143	508 755	16,585.66	0.00	0.00	0.00	2,218.66	14,367.00	
Total:			16,585.66	0.00	0.00	0.00	2,218.66	14,367.00	See NOTE-001

Provider: _____ D			Patient Name: C			Group/Check Number: /			
Network: _____			Member Number: _____			Customer Service #: 1-866-893-4472			
Patient Acct #: _____			Claim Number: _____			Administered By: CoreSource			
06/12/12	99024		100.00	0.00	0.00	0.00	100.00	0.00	Deductible Applied
Total:			100.00	0.00	0.00	0.00	100.00	0.00	

Statement Summary	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount	Customer service Phone Number
Administered By							
CoreSource	16685.66	0.00	0.00	0.00	2318.66	14367.00	See Individual Claim

Statement Totals

Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount
16,685.66	0.00	0.00	0.00	2,318.66	14,367.00

Explanations

Administered By	Code	Description
CoreSource	508	THE NON COVERED PORTION OF THIS CHARGE IS INELIGIBLE AS IT EXCEEDS THE USUAL AND CUSTOMARY ALLOWANCE FOR THIS SERVICE. REFER TO THE EXCLUSIONS SECTION OF THE PLAN BOOKLET.
	755	THESE SERVICES HAVE BEEN GROUPED TO THE GLOBAL CPT CODE THAT REFLECTS THE COMPREHENSIVE NATURE OF THE SERVICE THAT WAS PERFORMED. THEY HAVE BEEN SUBJECTED TO THE USUAL & CUSTOMARY OR PPO ALLOWANCE.
		49020 IS REBUNDLED WITH 44143

CoreSource
PO Box 2920
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201208170115

CORESOURCE

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1 OF 2
ENV 30298

Forwarding Service Requested

30298 0-5486 AT 0-371 3-DIGIT 100



115

Payment Questions? Please refer to the customer service numbers below

The IRS has a different name on file for this tax id than the one shown on this payment. Please fax a W9 with the correct name to 440-835-5656

Tax ID: EPC Draft Payment Week: 33 Payment Date: 08/15/2012

Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
Provider Network: AD			Patient Name:			Group/Check Number:			
Patient Acct #:			Member Number:			Customer Service #: 1-800-875-7772			
Claim Number:			Administered By: CoreSource						
07/13/12	99253	508	825.00	0.00	0.00	0.00	110.00	715.00	
07/14/12-07/28/12	99231	508	3,276.00	0.00	0.00	0.00	66.00	3,210.00	
Total:			4,101.00	0.00	0.00	0.00	176.00	3,925.00	

Statement Summary	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount	Customer service Phone Number
Administered By							
CoreSource	4101.00	0.00	0.00	0.00	176.00	3925.00	See Individual Claim

Statement Totals	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount
	4,101.00	0.00	0.00	0.00	176.00	3,925.00

Explanations

Administered By	Code	Description
CoreSource	508	THE NON COVERED PORTION OF THIS CHARGE IS INELIGIBLE AS IT EXCEEDS THE USUAL AND CUSTOMARY ALLOWANCE FOR THIS SERVICE. REFER TO THE EXCLUSIONS SECTION OF THE PLAN BOOKLET.

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Electronic Payment Clearinghouse

Huntington National Bank
Westerville OH 43081

56-1512
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DRAFT NO.

DRAFT DATE: 08/15/2012

CoreSource
PO Box 2920
Clinton, IA 52733-2920

PAYABLE THROUGH Three Thousand Nine Hundred Twenty Five Dollars
DRAFT
TO THE ORDER OF

AMOUNT

*****\$3,925.00

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112500728 10441151261 1016

CoreSource
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201210260121

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Forwarding Service Requested



ENV 6188 1 OF 2

6188 0.5486 AV 0.347 5-DIGIT 10011



32

Payment Questions? Please refer to the customer service numbers below

The IRS has a different name on file for this tax id than the one shown on this payment. Please fax a W9 with the correct name to 440-835-5656

Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
Provider:			Patient Name:			Group/Check Number:			
Network:			Member Number:			Customer Service #: 1-866-893-4411			
Patient Acct #:			Claim Number:			Administered By: CoreSource			
09/13/12	44625	508	10,973.25	0.00	0.00	0.00	4,612.35	6,360.90	
09/13/12	44110	704	6,013.28	0.00	0.00	1,792.28	1,266.30	2,954.70	
09/13/12	44139	508	4,040.72	0.00	0.00	0.00	3,281.22	759.50	
Total:			21,027.25	0.00	0.00	1,792.28	9,159.87	10,075.10	

Statement Summary	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount	Customer service Phone Number
Administered By CoreSource	21027.25	0.00	0.00	1792.28	9159.87	10075.10	See Individual Claim

Statement Totals

Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount
21,027.25	0.00	0.00	1,792.28	9,159.87	10,075.10

Explanations

Administered By	Code	Description
CoreSource	704	THIS BENEFIT HAS BEEN REDUCED DUE TO YOUR PLAN'S PROVISIONS FOR MULTIPLE SURGICAL PROCEDURES PERFORMED IN THE SAME OPERATIVE FIELD OR DURING THE SAME OPERATIVE SESSION. REFER TO THE MEDICAL BENEFIT SECTION OF THE PLAN BOOKLET.
	508	THE NON COVERED PORTION OF THIS CHARGE IS INELIGIBLE AS IT EXCEEDS THE USUAL AND CUSTOMARY ALLOWANCE FOR THIS SERVICE. REFER TO THE EXCLUSIONS SECTION OF THE PLAN BOOKLET.

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Westerville OH 43081

56-1512
441

DRAFT NO.

DRAFT DATE: 10/24/2012

CoreSource
PO Box 2920
Clinton, IA 52733-2920

PAYABLE THROUGH Ten Thousand Seventy Five & 10/100 Dollars
DRAFT
TO THE ORDER OF

AMOUNT

*****\$10,075.10

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1134791641 0441151261 101661

ABFC07

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201302220115

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Forwarding Service Requested

1 OF 2
ENV 39630

3-DIGIT 100
39630 0.5486 AT 0.381
150

Payment Questions? Please refer to the customer service numbers below

The IRS has a different name on file for this tax id than the one shown on this payment. Please fax a W9 with the correct name to 440-835-5656

Tax ID: EPC Draft # Payment Week: 7 Payment Date: 02/20/2013

Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
Provider: MD		Patient Name:		Group/Check Number:					
Network:		Member Number:		Customer Service #: 1-866-893-4472					
Patient Acct #:		Claim Number:		Administered By: CoreSource					
09/13/12	44625	699 519	10,973.25	0.00	0.00	6,360.90	0.00	4,612.35	
09/13/12	44110	699 519	6,013.28	0.00	0.00	2,954.70	0.00	3,058.58	
09/13/12	44139	699 519	4,040.72	0.00	0.00	759.50	0.00	3,281.22	
Total:			21,027.25	0.00	0.00	10,075.10	0.00	10,952.15	

Statement Summary	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount	Customer service Phone Number
Administered By							
CoreSource	21027.25	0.00	0.00	10075.10	0.00	10952.15	See Individual Claim

Statement Totals

Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Total Payment Amount
21,027.25	0.00	0.00	10,075.10	0.00	10,952.15

Explanations

Administered By	Code	Description
CoreSource	519	OTHER ADJUSTMENT REFLECTS AN ADJUSTMENT TO A PREVIOUS CLAIM.
	699	THESE APPEAR TO BE DUPLICATE EXPENSES WHICH WERE PREVIOUSLY SUBMITTED AND CONSIDERED. PLEASE REFER TO THE ORIGINAL EOB FOR AN EXPLANATION OF PAYMENT OR DENIAL. IF YOU HAVE NOT YET RECEIVED AN EOB, YOU SHOULD RECEIVE ONE SHORTLY.

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DRAFT NO. 441

DRAFT DATE: 02/20/2013

CoreSource
PO Box 2920
Clinton, IA 52733-2920

PAYABLE THROUGH Ten Thousand Nine Hundred Fifty Two & 15/100 Dollars
DRAFT
TO THE ORDER OF

AMOUNT
*****\$10,952.15

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