SAMPLE CASE # 2 – EOBs/SIGNED SETTLEMENTS ATTACHED (11 pages)

FIRST SURGERY 1/25/2012

Patient: "T.S." Carrier: Oxford

Date(s) of service: 1/25/2012

Dx: Intestinal Obstruction, Colon Cancer CPT line items (# of procedures): 8
Total Claim(s) Amount: \$ 29,979.52

Initial payment to provider: \$12,780.84 paid on 3/1/2012

Case notes: patient admitted emergently

Carrier adjudication method:

1) Out of network provider – limited benefits

2) Zero paid on 4 of 8 codes, bundled as "inclusive to primary procedure" and/or part of surgical package

Appeal/Re-submission date: 4/5/2012 Signed settlement w/ carrier on 4/13/2012

Settlement Amount: 28,480.54 (95% of billed charges – zero patient responsibility)

SECOND SURGERY (same provider) - 9/26/2012

Second date of service: 9/26/2012 Dx: Colon Cancer, Liver metastasis

CPT line items: 7

Total Claim amount: \$47,906.37

Initial payment to provider: \$24,781.50 issued on 10/29/2012

Carrier adjudication method:

- 1) Fees reimbursed at "reasonable and customary" rates
- 2) Multiple procedure rules, subsequent line items paid at 50% of "R & C"
- 3) Code bundling

*Initial carrier decision - Elective admission for surgery, services rendered by out of network provider, patient responsible for balance of \$23,124.87

Appeal/Re-submission date: 1/15/2013

Appeal basis: Intra-operative consultation resulting in surgery

Claim settlement date: 2/12/2013 Amount Paid: \$ 20,729.55

Total paid to provider: \$45,511.05 (95% of billed charges, - zero patient responsibility





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Vendor Name:				,	TIN:		*		**	
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OHPI NY INC

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01-13-12 99024	POSTOP FOLLOW-UP VISIT	1	100.00	0.00	0.00			T57 6		0.0
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Serv Date CPT	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Paymer Am
01-25-12 99255 57	INPATIENT CONSULTATION	1	825.00	675.00	0.00			A79		675.0
01-26-12 99231	SUBSEQUENT HOSPITAL CARE	1	218.40	160.00	0.00			A79		160.0
01-27-12 99231×c	SUBSEQUENT HOSPITAL CARE	. 1	218.40	0.00	0.00			TCOD		0.0
01-27-12 99238	HOSPITAL DISCHARGE DAY	1	366.08	0.00	0.00	Par		T512		0.0
01-27-12 44144	PARTIAL REMOVAL OF COLON	1	11045.84	11045.84	0.00			A5K		11045.8
01-27-12 47001	NEEDLE BIOPSY, LIVER ADD-ON	1	8344.80	900.00	0.00			A79		900.0
01-27-12 44602	SUTURE, SMALL INTESTINE	1	7345.00	0.00	0.00	* ***		TCOD		0.0
01-27-12 49080	PUNCTURE, PERITONEAL CAVITY	1	1616.00	0.00	0.00			T417		0.0
TOTAL CLAIM:			29979.52	12780.84	0.00	0.00	0.00		0.00	12780.8

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	Dilite Amil	Amt	Amt	Amt	Amt	Amt	Amt
Claim Payment Summary	30459.52	12780.84	0.00	0.00	0.00	0.00	12780.84

Check Summary

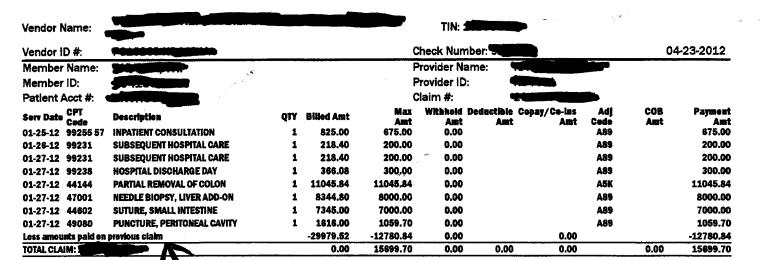
Total Paid 12,780.84 Check Date...... March 01, 2012

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Oxford

JPMorgan Chase Bank, N.A. Syracuse, NY, 13206

50-93'

2294-09

48 Monroe Turnpike, Trumbull, CT 06611

DAV

April 23, 2012

Fifteen Thousand Six Hundred Ninety Nine Dollars and 70 Cents***

\$15,699.70

Authorized Signature

(not valid after 180 days)

TP02000260

#PP 1 7 4 4 1 9 # # # P 2 1 3 PP 3 7 9 # PP

	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	COB Amt	Payment Amt
Claim Payment Summary	0.00	15699.70	0.00	0.00	0.00	0.00	15699.70

Check Summary

Total Paid 15,699.70 Check Date...... April 23, 2012

Adjustment Code Descriptions

A5K This claim has been adjusted to reimburse submitted charges.

A89 With the assistance of OmniClaim, the claim has been processed according to a signed fee agreement

negotiated with the provider.

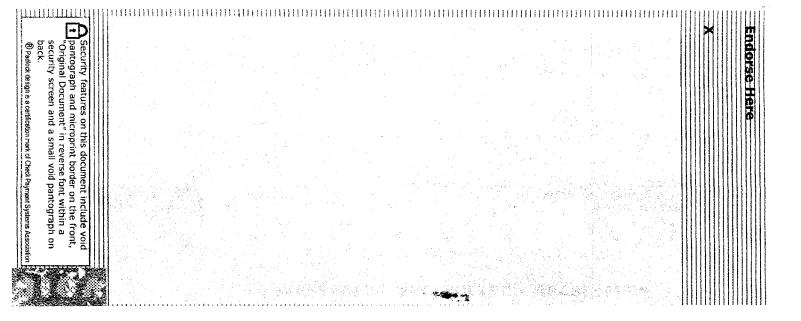
Claim Remarks

🗪 paid per omni.

Isn't it time you sped things up? Sign up for electronic remittance and direct deposit today - get your money into the bank sooner! Learn more. Register for a webcast demonstration. E-mail Remit.Advantage@pnc.com to secure your spot today.

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Tel: 781-932-4600

Fax: 401-633-6329

DATE	04/12/2012	file #	
PROVIDER		PAYOR	OXFD BB
CONTACT	Angelo	FIEN	The same of the sa
PT. NAME		CLAIM#	THE WAS EVEN
DOS	1/25/2012	Patient Ctrl.#	SHARE STATES
LIST PRICE	\$29,979.52	DOB	
DISCOUNT %	5%	Со-рау	0
ADDITIONAL PRICES	\$28,480,54	Deductible	0

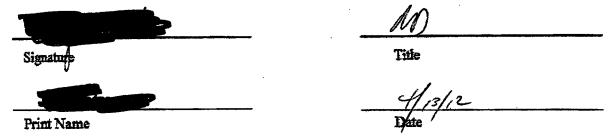
N.B. This is A ONE TIME ACCEPANT AND ATTOM NO Provider agrees to accept the Adjusted Price above, minus any coinsurance and deductible, as payment in FATONTS.

full for the above referenced claim.

Provider agrees not to balance bill the patient, employee, or payor for the amount of the discount, with the

Provider agrees not to balance bill the patient, employee, or payor for the amount of the discount, with the exception of any applicable coinsurance, deductible, or non-covered items. In exchange for the discount, payor agrees to expedite payment to provider.

To confirm this agreement, please sign and date this letter of agreement and fax back to: OmniClaim at 401-633-6329.



OmniClaim, Inc. is not financially responsible for any payments due to the Provider. Payment of benefits, if any, is subject to all terms and conditions of the policy. Therefore, this letter of agreement does not constitute nor should it be construed as, a guarantee of benefit payment by the Payor, and will be null and void if no benefit payment is determined to be payable by the Payor.

Please fax completed form within 24 hours to: 401-633-6329

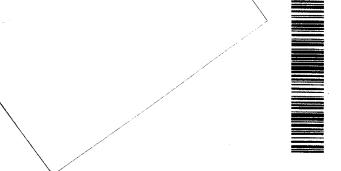
Thank you for your time and consideration.

04/13/2012

NOTICE: The information in this fax is confidential and intended for the named recipient(s) only. It may contain privileged information. If you have received this material in error, please phone the Sender at the number shown above and return any original material to the Sender by mail. We will reimburse you for the postage. Please do not disclose the contents to anyone. Thank you.







Vendor Name:

Vendor ID #:				(Check Number	Parameter .		10	-29-2012
Member Name	: 34				rovider Name				***************************************
Member ID:	•			ı	Provider ID:	9			
Patient Acct #:	CHIPPING COMPANY			. (Claim #:		+		
Serv Date CPT	Description	QTY	Billed Amt	Max Amt	Withheld Ded: Amt	ectible Copay/Co-ins Amt Amt	Adj Cede	COB Amt	Payment Amt
09-26-12 47120	PARTIAL REMOVAL OF LIVER	1	14944.02	12230.00	0.00	var. var.	A79	A=1	12230.00
09-26-12 44625	59 REPAIR BOWEL OPENING	. 1	0.00	0.00	0.00		T317		0.00
09-26-12 44120	59 REMOVAL OF SMALL INTESTINE	1	0.00	0.00	0.00		T317		0.00
09-26-12 44602	59 SUTURE, SMALL INTESTINE	1	0.00	0.00	0.00		T317		0.00
09-26-12 76998	26 US GUIDE, INTRAOP	1	2502.50	357.00	0.00		A79		357.00
09-26-12 49082	59 ABD PARACENTESIS	1	0.00	0.00	0.00		T317		0.00
09-26-12 99255	57 INPATIENT CONSULTATION	1	825.00	650.00	0.00		A79		650.00
09-26-12 44120	51 REMOVAL OF SMALL INTESTINE	1	9700.60	4554.50	0.00		T317		4554.50

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OHPI NY INC UnitedHealthcare

Oxford

48 Monroe Turnpike, Trumbull, CT 06611

JPMorgan Chase Bank, N.A. Syracuse, NY, 13206

T317

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09-26-12 44602 51 SUTURE, SMALL INTESTINE

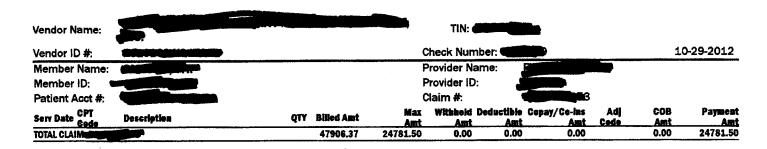
09-26-12 44825 51 REPAIR BOWEL OPENING

09-26-12 49082 51 ABD PARACENTESIS

Twenty Four Thousand Seven Hundred Eighty One Dollars

October 29.

(not valid after 180 days)



	Billed Amt	Max Amt	Withhold D	eductible Co Amt	pay/Co-ins Amt	COB Amt	Payment Amt
Claim Payment Summary	47906.37	24781.50	0.00	0.00	0.00	0.00	24781.50

Check Summary

Adjustment Code Descriptions

A79 This claim has been paid at 100% of the usual, customary and reasonable allowance for the services provided. Please contact Provider Services if you have any questions canoning the processing of this claim.

T317 This adjustment code has been applied to indicate that multiple surgical procedures were performed during the same operating session. This claim has been reimbursed in accordance with Oxford's Multiple Surgery policy, which is based upon generally accepted insurance industry standards for reimbursement of multiple surgical procedures. Under this policy, the primary procedure is reimbursed at 100% of the tee schedule (minus any applicable member cost-share). All subsequent procedures are reimbursed at 50% of the fee schedule. The primary surgery has been determined using the Medicare methodology of relying on the Relative Value Units (RVU). Participating providers may not balance bill the member for this service.









Vendor Name:					TIN:	ترسال				
Vendor ID #:	THE ROOM OF THE PARTY OF THE PA			(Check Nun	nber:			02	2-19-2013
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01-15-13 99214	OFFICE/OUTPATIENT VISIT EST	1	200.00	167.17	0.00	167.17		A88N	PERIC	0.00
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Serv Date CPT	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
09-26-12 47120	PARTIAL REMOVAL OF LIVER	1	14944.02	14944.02	0.00	7	Palita	A45E	AMIL	14944.02
09-26-12 44625 59	REPAIR BOWEL OPENING	1	0.00	0.00	0.00			T317		0.00
09-26-12 44120 59	REMOVAL OF SMALL INTESTINE	1	0.00	0.00	0.00			T317		0.00

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UnitedHealthcare*

Oxford

JPMorgan Chase Bank, N.A. Syracuse, NY, 13206

48 Monroe Turnpike, Trumbull, CT 06611

Twenty Thousand Seven Hundred Twenty Nine Dollars and 55

\$20,729.55



Member Name: Provider Name: Provider Name: Provider D: Provi	Vendor Name:				—— ,	TIN:		re			
Provider D: Provider D	Vendor ID #:					heck Nur	nber:			02	2-19-2013
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D9-26-12 44120 51 REMOVAL OF SMALL INTESTINE 1 9700.60 9700.60 0.00 A45E 9700.60 D9-26-12 44602 51 SUTURE, SMALL INTESTINE 1 7345.00 7345.00 0.00 A45E 7345.00 D9-26-12 44625 51 REPAIR BOWEL OPENING 1 10973.25 8577.93 0.00 A89 8577.93 D9-26-12 49082 51 ABD PARACENTESIS 1 1616.00 1616.00 0.00 A89 1616.00 Less amounts paid on previous claim -47906.37 -24781.50 0.00 0.00 0.00 -24781.50 D0-26-12 49082 51 ABD PARACENTESIS 1 1616.00 0.00 A89 1616.00 D0-26-12 49082 51 ABD PARACENTESIS 1 1616.00 0.00 0.00 0.00 0.00 0.00 0.00	09-26-12 49082 59	ABD PARACENTESIS	1	0.00	0.00	0.00			T317		0.00
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09-26-12 44625 51 REPAIR BOWEL OPENING 1 10973.25 8577.93 0.00 A89 8577.93 09-26-12 49082 51 ABD PARACENTESIS 1 1616.00 1616.00 0.00 A89 1616.00 Less amounts paid on previous claim -47906.37 -24781.50 0.00 0.00 0.00 -24781.50 0.00 20729.55 0.00 0.00 0.00 0.00 20729.55 Billed Amt Max Withhold Deductible Copay/Co-ins COB Payment Amt Amt Amt Amt Amt Amt Amt Amt Amt	09-26-12 44120 51	REMOVAL OF SMALL INTESTINE	1	9700.60	9700.60	0.00			A45E		9700.60
09-26-12 49082 51 ABD PARACENTESIS 1 1616.00 1616.00 0.00 A89 1616.00 Less amounts paid on previous claim -47906.37 -24781.50 0.00 0.00 0.00 -24781.50 TOTAL CLAIM: Description	09-26-12 44602 51	SUTURE, SMALL INTESTINE	1	7345.00	7345.00	0.00			A45E		7345.00
Less amounts paid on previous claim	09-26-12 44625 51	REPAIR BOWEL OPENING	1	10973.25	8577.93	0.00			A89		8577.93
TOTAL CLAIM: 0.00 20729.55 0.00 0.00 0.00 0.00 20729.55 Billed Amt Max Withheld Deductible Copay/Co-ins COB Payment Amt Amt Amt Amt Amt Amt Amt	09-26-12 49082 51	ABD PARACENTESIS	1	1616.00	1616.00	0.00			A89		1616.00
Billed Amt Max Withhold Deductible Copay/Co-ins COB Paymen Amt Amt Amt Amt Amt Am	Less amounts paid on :	previous claim		-47906.37	-24781.50	0.00		0.00			-24781.50
Billed Amt Max Withhold Deductible Copay/Co-ins COB Paymen Amt Amt Amt Amt Amt Am	TOTAL CLAIM:	**		0.00	20729.55	0.00	0.00	0.00		0.00	20729.55
· · · · · · · · · · · · · · · · · · ·				Billed Amt	Max						Payment
	Claim Payment S	ummary		200.00							

Check Summary

Total Paid 20,729.55

Check Date..... February 19, 2013

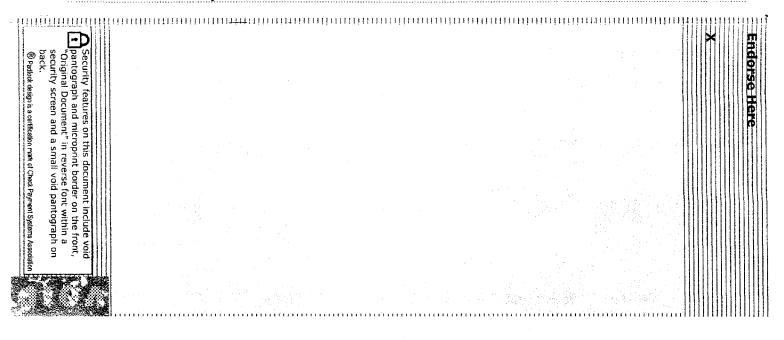
Paid To Check Number. 3

Adjustment Code Descriptions

This claim is considered "paid in full" by Oxford. The Member is not responsible for any additional payment

beyond the applicable coinsurance/deductible requirements.

This claim is for services performed by a non-network health care provider. This claim has been paid based on the Out-of-Network Reimbursement Amount established by the member's benefit plan, which uses rates established by the federal government for the Medicare program. If no Medicare rate applies to these services, this claim was paid based on another available rate source developed by us or our affiliate or by an outside entity. The member is responsible for amounts above the Out-of-Network Reimbursement Amount shown in the "Max Amt" column, in addition to any deductible and coinsurance amounts reflected above.



Adjustment Code Descriptions

A89

With the assistance of OmniClaim, the claim has been processed according to a signed fee agreement negotiated with the provider.

T31

This adjustment code has been applied to indicate that multiple surgical procedures were performed during the same operating session. This claim has been reimbursed in accordance with Oxford's Multiple Surgery policy, which is based upon generally accepted insurance industry standards for reimbursement of multiple surgical procedures. Under this policy, the primary procedure is reimbursed at 100% of the fee schedule (minus any applicable member cost-share). All subsequent procedures are reimbursed at 50% of the fee schedule. The primary surgery has been determined using the Medicare methodology of relying on the Relative Value Units (RVU). Participating providers may not balance bill the member for this service.

Claim Remarks

Isn't it time you sped things up? Sign up for electronic remittance and direct deposit today - get your money into the bank sooner! Learn more. Register for a webcast demonstration. E-mail Remit.Advantage@pnc.com to secure your spot today.

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OXFORD'S MISSION

At Oxford, we recognize the importance of the provider-patient relationship, and know that good care starts with you. We want to complement the care you provide to help asthma patients breathe a little easier help new mothers deliver healthy, full-term babies...help your patients with heart disease and diabetes adopt healthy lifestyles -- to help your patients live longer, healthier and happier lives.

Great News!

Oxford has introduced new auto attendant options on its customer services lines and new dedicated provider support teams to meet your unique needs.

Watch for future service enhancements.

A MESSAGE ABOUT FRAUD

Fraud hurts everyone through increased insurance premiums and healthcare costs. A person who submits an application or files a claim with intent to defraud, or helps commit fraud against an insurer is guilty of a crime. Providers can play an important role in the fraud detection process -please contact us at 1-866-242-7727 if you suspect or are aware of any fraudulent activities.



OMNICIAIM

Tel: 781-932-4600

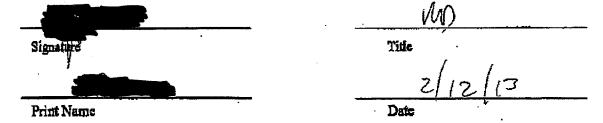
Fax: 401-633-6329

DATE	02/12/2013	FILE #	
PROVIDER		PAYOR	OXFD BB
CONTACT	Angelo	FTIN	
PT. NAME		CLAIM#	
DOS	9/26/2012	Patient Cirl. #	1414
LIST PRICE	\$47,906.37	DOB .	
DISCOUNT %	5% '	Сеграу	a ·
ADJUSTED PRICE:	\$45,511.05	Deductible	0

Provider agrees to accept the Adjusted Price above, minus any coinsurance and deductible, as payment in full for the above referenced claim.

Provider agrees not to balance bill the patient, employee, or payor for the amount of the discount, with the exception of any applicable communance, deductible, or non-covered items.

To confirm this agreement, please sign and date this letter of agreement and faz back to: OmniClaim at 401-633-6329.



Omnicisim. Inc. is not financially responsible for any payments due to the Provider. Payment of benefits, if any, is subject to all terms and conditions of the policy. Therefore, this letter of agreement does not constitute nor should it be construed as, a guarantee of banefit payment by the Payor, and will be suit and void if no benefit payment is determined to be payable by the Payor.

Please fax completed form within 24 hours to: 401-633-6329

Thank you for your time and consideration.

02/21/2013

NOTICE: The information in this fex is confidential and intended for the named recipient(s) only. It may centain privileged information, if you have received this meterial in error, please phone the Sander of the mumber shows above and return any original material to the Sander by mail. We will reimburse you for the postage. Please do not discipp the contents to snyone. Thank you.