How to Read Your Explanation of Payment from St. Vincent IPA

1 *EOP Summary* – Lists the Summary information for the EOP including: Payment Date, Payee ID, Check Number, Claim Count, Total Charges, Total Payment, Total Provider Adjustment Amount* and Payment Amount

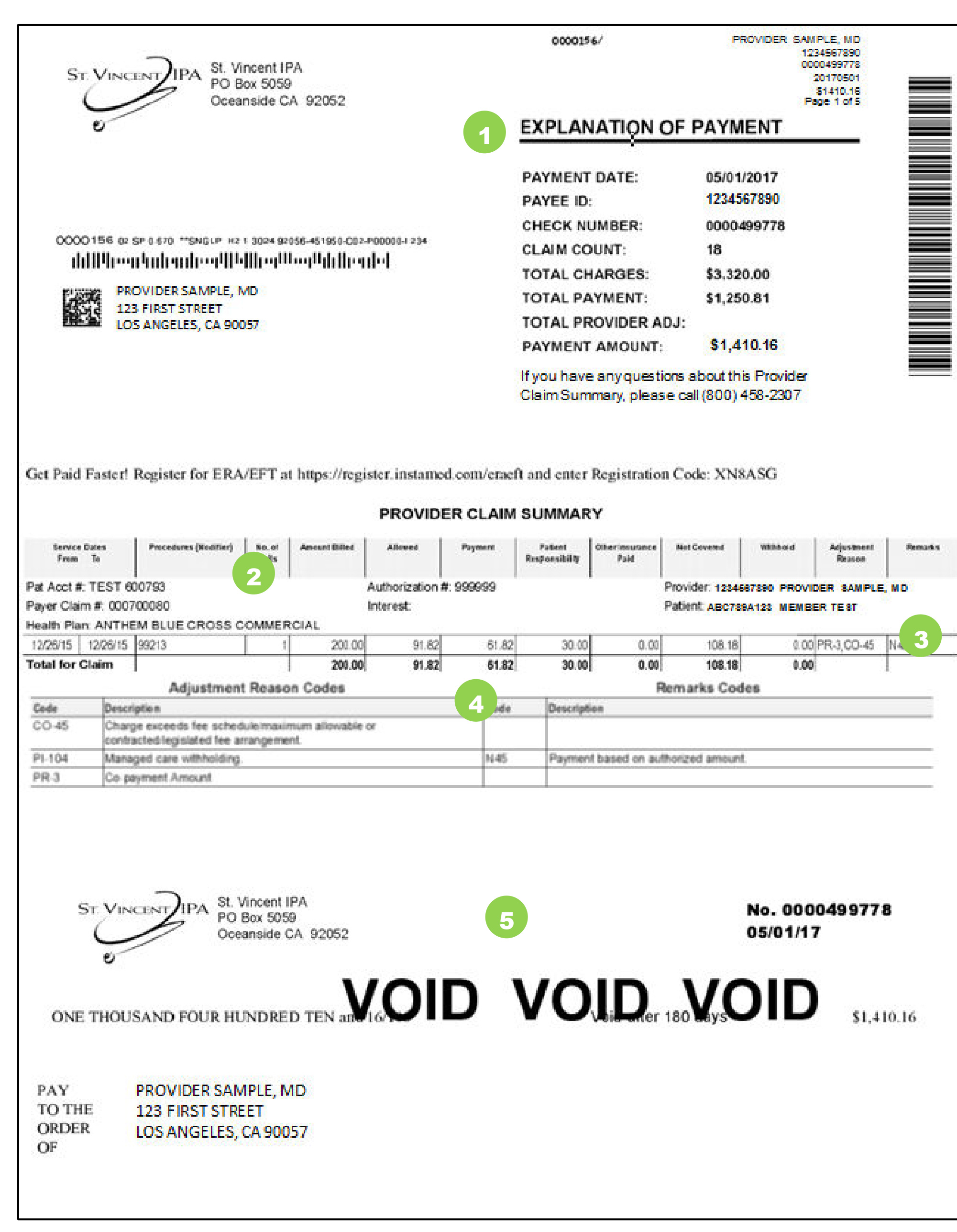
2 *Claim Summary* – Displays the Summary information for the claim including: Patient Account#, Authorization #, Attending Provider NPI & Name, Claim#, Interest Paid Amount, Patient Health Plan Member ID and Name and Health Plan Name.

3 *Claim Detail* – Important information regarding the claim (Please see next page for details).

4 *Reason Codes – Provides the description to any applicable Claim Adjustment Reason Codes or Remittance Advice Remark Codes applied to the claims included on the EOP.*

5 *Check* – If a payment is due and the provider is not registered for EFT the live check is attached.

* The Total Provider Adjustment amount field summarizes payments that are not associated with a specific claim line, such as an Interest Payment. If the amount listed is negative, the payment amount is a positive amount being paid to the provider.



0000156/

PROVIDER SAMPLE, MD
1234567890
0000499778
20170501
$1410.16
Page 1 of 5

St. Vincent IPA
PO Box 5059
Oceanside CA 92052

1 **EXPLANATION OF PAYMENT**

PAYMENT DATE:	05/01/2017
PAYEE ID:	1234567890
CHECK NUMBER:	0000499778
CLAIM COUNT:	18
TOTAL CHARGES:	$3,320.00
TOTAL PAYMENT:	$1,250.81
TOTAL PROVIDER ADJ:	
PAYMENT AMOUNT:	$1,410.16

If you have any questions about this Provider Claim Summary, please call (800) 458-2307

0000156 02 SP 0.670 **SNGLP H2 1 3024 92056-451950-C02-P00000-I 234

PROVIDER SAMPLE, MD
123 FIRST STREET
LOS ANGELES, CA 90057

Get Paid Faster! Register for ERA/EFT at https://register.instamed.com/eraeft and enter Registration Code: XN8ASG

PROVIDER CLAIM SUMMARY

Pat Acct #: TEST 600793 2 — Authorization #: 999999 — Provider: 1234567890 PROVIDER SAMPLE, MD
Payer Claim #: 000700080 — Interest: — Patient: ABC789A123 MEMBER TEST
Health Plan: ANTHEM BLUE CROSS COMMERCIAL

Service Dates From	To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibility	Other Insurance Paid	Not Covered	Withhold	Adjustment Reason	Remarks
12/26/15	12/26/15	99213	1	200.00	91.82	61.82	30.00	0.00	108.18	0.00	PR-3,CO-45	N4 3
Total for Claim				**200.00**	**91.82**	**61.82**	**30.00**	**0.00**	**108.18**	**0.00**		

Adjustment Reason Codes 4

Code	Description
CO-45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
PI-104	Managed care withholding.
PR-3	Co payment Amount

Remarks Codes

Code	Description
N45	Payment based on authorized amount.

St. Vincent IPA
PO Box 5059
Oceanside CA 92052

5

No. 0000499778
05/01/17

ONE THOUSAND FOUR HUNDRED TEN and 16/100 VOID VOID VOID Void after 180 days $1,410.16

PAY TO THE ORDER OF — PROVIDER SAMPLE, MD
123 FIRST STREET
LOS ANGELES, CA 90057

How to Read Your Explanation of Payment from St. Vincent IPA

Claim Summary & Detail:

Service Dates From	To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibility	Other Insurance Paid	Not Covered	Withhold	Adjustment Reason	Remarks
Pat Acct #: TEST 600793 **a**					Authorization #: 99999 **b**				Provider: 1234567890 PROVIDER SAMPLE, MD **c**			
d Payer Claim #: 000700080					Interest: **e**				**f** Patient: ABC789A123 MEMBER TEST			
Health Plan: ANTHEM BLUE CROSS COMMERCIAL **g**												**r**
h 12/26/15	12/26/15	99213 **i**	**j** 1	**k** 200.00	**l** 91.82	**m** 61.82	**n** 30.00	**o** 0.00	**p** 108.18	**q** 0.00	PR-3,CO-45	N45
Total for Claim				**200.00**	**91.82**	**61.82**	**30.00**	**0.00**	**108.18**	**0.00**		

Claim Summary:

a. Patient Account # - The Patient Account # listed on the claim received
b. Authorization # - The authorization used to process the claim, if applicable
c. Provider – NPI and Name of Attending Provider
d. Payer Claim # - St. Vincent IPA Claim Number
e. Interest – Any Interest Amount paid on this claim
f. Patient – Health Plan assigned Member ID and Member Name
g. Health Plan – Member’s Health Plan

Claim Detail:

h. Service From and To Dates – From and Through Dates of Service
i. Procedure Codes – Procedure Code(s) with modifier(s)
j. Units/Qty – Number of Units (quantity) billed
k. Amount Billed – Amount billed for procedure
l. Amount Allowed – Amount Allowed for procedure
m. Payment Amount – Amount being paid for procedure
n. Patient Responsibility – Amount the Patient is responsible for
o. Other Insurance Payment Amount – Amount paid by other insurance coverage
p. Not Covered – Amount that is not eligible for payment
q. Adjustment Reason – Applicable Claims Adjustment Reason Code(s)
r. Remarks – Applicable Remittance Advice Remark Code(s)