

HIPAA X-12 File 277CA



Information Source Id: 18003 Region Name : REGION C
Control Number: 2011040414135661069 Receipt Date : 04-04-2011 Process Date : 04-04-2011

Company : SUPERDME Submitter id : V08900889

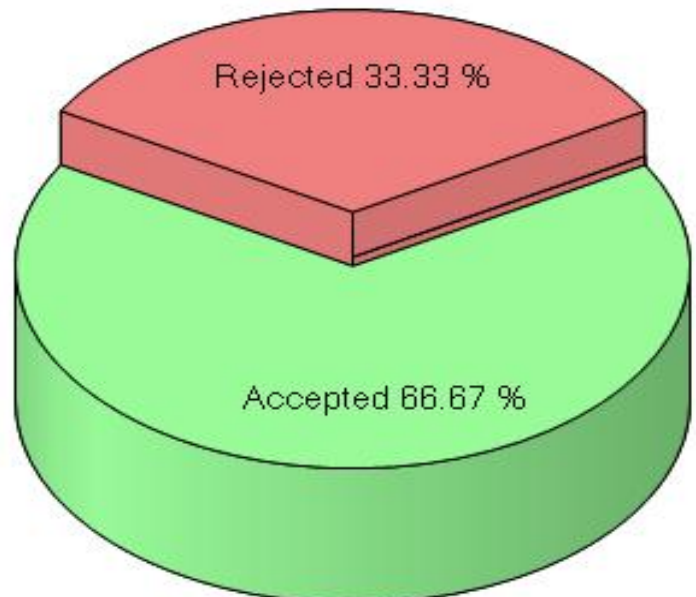
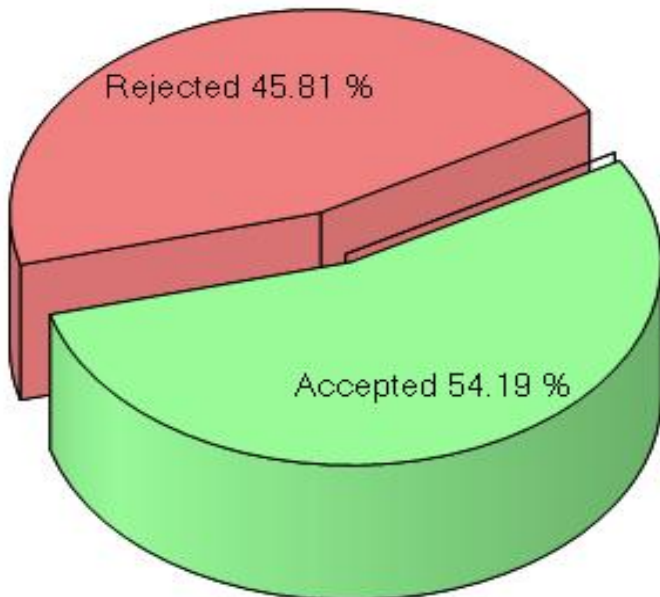
Batch Number : 000000825
Total Accepted Quantity : 2
Total Rejected Quantity : 1
Total Accepted Amount : \$485.00
Total Rejected Amount : \$410.00
Status Date : 4/4/2011
Total Submitted Charges: \$895.00

Category : A1 Status : 19 Entity : PR

Provider Name : SUPERDME NPI : 11748787710

Batch Number : 0
Total Accepted Quantity : 2
Total Rejected Quantity : 1
Total Accepted Amount : \$485.00
Total Rejected Amount : \$410.00
Total Submitted Charges : \$895.00

Category : A1 Status : 19 Entity : 85



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Name : MESSLER MARY F Subscriber #: 11144477A Account # : CO01 00273
ICN/DCN : 1800311094700033000 Service Date: 07-27-2010 Status Date : 04-04-2011 Submitted \$: 75.00
Category: A1 Status : 19 Entity : QC

A1 Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
QC Patient
19 Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.

Name : MESSLER MARY F Subscriber #: 114441477A Account # : CO01 00273
ICN/DCN : 1800311094700034000 Service Date: 07-27-2010 Status Date : 04-04-2011 Submitted \$: 410.00
Category: A1 Status : 19 Entity : QC

A1 Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
QC Patient
19 Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.

Name : MESSLER MARY F Subscriber #: 114441477A Account # : CO01 00273
ICN/DCN : 1 Service Date: 08-27-2010 Status Date : 04-04-2011 Submitted \$: 410.00
Category: A3 Status : 247 Entity : N/A

Type : HC
Code : E1390
Mod #1 : RR
Mod #2 :
Charge : \$410.00
Units of Service : 1

Category: A7 Status : 694 Entity : GB

Category: A7 Status : 519 Entity : GB

A3 Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
247 Line information.
A7 Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
GB Other Insured
694 Amount must not be equal to zero. Note: At least one other status code is required to identify which amount element is in error.
519 Adjustment Amount