

MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE

The Best Health Center  
2129 SW 58th Street  
Yourtown MX 73119-7024

Provider: 123456  
File Date: 07/19/2001  
RA date: 07/19/2001 Sequence # 258

Date Printed: 10/18/02

----- 11 - Inpatient Pan A -----

Patient	From Date	Covd	Repd Chgs	DRG Nbr	DRG Cap Amt	Coins Amt	MSP Pri Pay	HCPCS Amt	Interest	
PCN Number	Bill Type	Thru Date	NCovd	NCovd Chgs	DRG Amount	Outlier Amt	MSP/Lab Amt	Fed/DRG Amt	G/R Amount	Pat Refund
HIC Number	Clm St	Pat Stat	C+LR	Denied Chgs	DRG Op Amt	Deductible	Reimb Rate	ESRD Amt	ContAdj Amt	Net Reimb

PATIENT1	IRIS	M	06/29/2001	7	7474.12	89	458.97	0.00	0.00	0.00	0.00
10834368	1	07/05/2001	0	0.00	5666.84	0.00	0.00	4014.36	0.00	0.00	
444181856A	1	1	0	0.00	5207.87	0.00	0.00	0.00	7112.15	381.97	
ICN No: 20118400404601		MRN No: 275383		Blood Ded: 0.00		Prof. Comp: 0.00		Per Diem: 0.00			
Capital Pmt: 458.97		Cap IME: 48.97		Cap.HSP Amt: 0.00		Cap.FSP Amt: 383.29		Cap.Othr: 0.00			
Old Cpt: 0.00		DRG Weight: 1.0847		DSH Amt: 741.05		IME Amt: 361.87		Cap DSH: 28.71			
						MSP Payer Code:		Covered Charges: 7474.12			

SVC	Charge	Adj	RC	Qty	APC	Stat	Wght	Amt
NU:110	2345.00	2345.00	110	7			0.00	0.00
NU:250	923.25	923.25	200	186			0.00	0.00
NU:258	634.20	634.20	208	4			0.00	0.00
NU:270	98.84	98.84	270	8			0.00	0.00
NU:272	111.83	111.83	272	10			0.00	0.00
NU:300	15.00	15.00	300	5			0.00	0.00
NU:301	721.00	721.00	301	10			0.00	0.00
NU:306	55.00	55.00	306	1			0.00	0.00
NU:308	558.00	558.00	308	8			0.00	0.00
NU:324	118.00	118.00	324	1			0.00	0.00
NU:410	1388.00	1388.00	410	8			0.00	0.00
NU:480	28.00	28.00	480	2			0.00	0.00
NU:730	112.00	112.00	730	1			0.00	0.00
NU:732	366.00	366.00	732	3			0.00	0.00

Claim level Adjustments - CO94 7112.15  
Medicare Remark code - MA02

PATIENT2	D	E	06/28/2001	2	1298.22	127	438.88	0.00	0.00	0.00	0.00
10834238	1	06/30/2001	0	0.00	5391.67	0.00	0.00	3819.43	0.00	0.00	
448001051C1	1	1	0	0.00	4954.89	792.00	0.00	0.00	-4093.45	4599.87	

ICN No: 20118800405301		MRN No: 225147		Blood Ded: 0.00		Prof. Comp: 0.00		Per Diem: 0.00		
Capital Pmt: 438.88		Cap IME: 44.89		Cap.HSP Amt: 0.00		Cap.FSP Amt: 384.88		Cap.Othr: 0.00		
Old Cpt: 0.00		DRG Weight: 1.0130		DSH Amt: 705.07		IME Amt: 0.00		Cap DSH: 27.31		
						MSP Payer Code:		Covered Charges: 1298.22		

SVC	Charge	Adj	RC	Qty	APC	Stat	Wght	Amt
NU:110	870.00	870.00	110	2			0.00	0.00
NU:250	264.94	264.94	250	47			0.00	0.00
NU:259	28.80	28.80	259	8			0.00	0.00
NU:270	4.50	4.50	270	1			0.00	0.00
NU:272	9.98	9.98	272	1			0.00	0.00
NU:300	6.00	6.00	300	2			0.00	0.00
NU:301	164.00	164.00	301	2			0.00	0.00
NU:306	150.00	150.00	306	2			0.00	0.00

Claim level Adjustments - CO94 -4093.45  
Medicare Remark code - MA02

PATIENT3	DOUGLAS	M	07/02/2001	3	3057.44	294	327.14	0.00	0.00	0.00	0.00
10834608	1	07/05/2001	0	0.00	4039.23	0.00	0.00	2881.37	0.00	0.00	
440423185A	1	1	0	0.00	3712.08	792.00	0.00	0.00	-981.79	3247.23	

ICN No: 20118800405301		MRN No: 147813		Blood Ded: 0.00		Prof. Comp: 0.00		Per Diem: 0.00	
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