

**MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE**

Explanation of Medicare Benefits (EOMB)

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The Best Health Center  
 2129 SW 59th Street  
 Yourtown MX 73119-7024  
 Provider No - 123456

File Date: 07/19/2001  
 Bill cycle: 07/19/2001  
 File #: 258

BC/BS of MX  
 1215 South Boulder Ave.  
 Capital City MX 97979  
 918/560-3000

=====  
 Name: PATIENT1 IRIS M Service From 06/29/2001 thru 07/06/2001  
 HIC: 444181688A ICN: 20119400404601 Pat Stat: 1  
 PCN: 10634368 MRN: 275383 Claim St: 1 Type: 111  
 =====

**CHARGES:**

Reported 7474.12  
 NCovd 0.00  
 Denied 0.00

**PPS DATA:**

DRG Number 89  
 DRG Weight 1.0647  
 DRG Amount 5666.84  
 DRG/Oper 5207.87  
 DRG/Capital 458.97  
 Outlier/Op(C) 7  
 Outlier/Ca(C) 0  
 Fed DRG Amt 4014.36

**PAYMENT DATA:**

Reimb Rate 0.00  
 MSP Prim Pay( ) 0.00  
 Prof Comp 0.00  
 ESRD Amt 0.00  
 HCPCS Amt 0.00  
 G/R Amt 0.00  
 Cont Adj Amt 7112.15  
 Interest 0.00  
 Pat Refund 0.00  
 Per Diem Amt 0.00  
 Net Reimb Amt 361.97

**DAYS:**

Covered 7  
 Non Covered 0  
 Co-Insurance 0  
 Life Reserve 0  
 Cost Rept 7

**PATIENT LIABILITY**

Total Deduct 0.00  
 Coinsurance 0.00  
 Blood Deduct 0.00  
 MSP Liab Met 0.00  
 NCovd Charges 0.00

HCPCS Code	Rev	Units	APC #	APC Amt	Stat	Wght	Date	Charges	Allowed	Reason	Adj Amt
NU 110	110	7		0.00		0.00	07/06/2001	2345.00	2345.00		
NU 250	250	186		0.00		0.00	06/29/2001	923.25	923.25		
NU 258	258	4		0.00		0.00	06/29/2001	634.20	634.20		
NU 270	270	8		0.00		0.00	06/29/2001	98.84	98.84		
NU 272	272	10		0.00		0.00	06/29/2001	111.83	111.83		
NU 300	300	5		0.00		0.00	07/01/2001	15.00	15.00		
NU 301	301	10		0.00		0.00	06/29/2001	721.00	721.00		
NU 305	305	1		0.00		0.00	07/05/2001	55.00	55.00		
NU 306	306	8		0.00		0.00	06/29/2001	558.00	558.00		
NU 324	324	1		0.00		0.00	07/03/2001	118.00	118.00		
NU 410	410	8		0.00		0.00	06/29/2001	1388.00	1388.00		
NU 460	460	2		0.00		0.00	07/01/2001	28.00	28.00		
NU 730	730	1		0.00		0.00	07/03/2001	112.00	112.00		
NU 732	732	3		0.00		0.00	07/04/2001	366.00	366.00		
Total Service Contractual Adj.								0.00			
Total Service Denied Amt								0.00			
Total Service NonCovered Amt								0.00			

Claim Level Adjustment - CO/94 Amount - 7112.15  
 Processed in excess of charges.

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