

EXPLANATION OF PAYMENT  
REPRINT OF ELECTRONIC REMITTANCE

TestFirstName TestLastName  
5381 S Green St  
Apartment 99  
Murray, UT 84123

NAME	A Doctor		
STATEMENT DATE	06/30/2023	PAGE	1 OF 2
T.I.N. NUMBER	123456789		
PROVIDER ID	1070000001		
REFERENCE ID	2011063011111111		
CHECK NUMBER	0	AMOUNT	\$0.00

PATIENT NAME		Last Name, First Name M			PATIENT ID				801870358-00				PATIENT A/C#		CXXXXX10150114			
SUBSCRIBER NAME		Last Name, First Name M			CLAIM ID				219062472400				CLAIM REMARK		0			
PROVIDER NAME		A DOCTOR			PRODUCT				Select Care Plus									
DATES OF SERVICE		SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT		GC	CARC	RARC	ADJUSTMENT		GC	CARC	RARC			
12/30/20 to 12/30/20		0274 L1902RT	60.00	58.48	58.48	1.52		CO	45		0		0	0	0			
						0		0	0	0	0		0	0	0			
						0		0	0	0								
PRIOR PAID AMOUNT:		TOTAL:	60.00	58.48	58.48	TOTAL CO:			1.52		TOTAL PR:				0.00			
0.00		INTEREST:	0.00			TOTAL OA:			0.00		TOTAL PI:				0.00			

PATIENT NAME		TEST, DEMA			PATIENT ID		0611000589		PATIENT A/C#		CXXXXX10149706	
SUBSCRIBER NAME		TEST, DEMA			CLAIM ID		219062510600		CLAIM REMARK		0	
PROVIDER NAME		A DOCTOR			PRODUCT		Select Care Plus					
DATES OF SERVICE	SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT	GC	CARC	RARC	ADJUSTMENT	GC	CARC	RARC
01/14/21 to 01/14/21	0302 86769	110.00	42.13	42.13	67.87	CO	45		0	0	0	0
					0	0	0	0	0	0	0	0
					0	0	0	0				
PRIOR PAID AMOUNT:	TOTAL:	110.00	42.13	42.13	TOTAL CO:		67.87		TOTAL PR:		0.00	
0.00	INTEREST:	0.00			TOTAL OA:		0.00		TOTAL PI:		0.00	

PAYMENTS:	FEE CHARGE	ALLOWED AMOUNT	CONTRACTUAL OBLIGATION	PATIENT RESPONSIBILITY	OTHER ADJUSTMENTS	PLAN PAID	INTEREST
	184,897.42	37,415.48	96,103.88	28.00	66,773.73	21,991.81	0.00
	PRIOR PAID AMOUNT:					49.17-	0.00
	RECOVERIES:					1,623.26-	0.00
	TOTAL:					0.00	0.00

RECOVERY AND FORWARD BALANCE DETAIL FOR THIS PAYMENT:

PATIENT NAME	DATE OF SERVICE	PATIENT A/C#	CLAIM ID	ORIGINAL REFERENCE ID	RECOVERY AMOUNT	RECOVERED INTEREST	FORWARD BALANCE
RECOVERIES, MARILYN	12/16/19	CXXXXX83239189	209051311301	2021012340800228	174.42	0.00	0.00
RECOVERIES, NANCY B	01/28/20	CXXXXX89669090	209285434501	2021012340500372	1448.84	0.00	0.00

CLAIM ADJUSTMENT (CARC) AND REMITTANCE ADVICE (RARC) CODE EXPLANATIONS:

- 2 Coinsurance Amount.  
3 Copayment Amount.  
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.  
96 Non-covered charge(s). At least one Remark Code must be provided.  
N23 Alert: Patient liability may be affected due to coordination of benefits with other carries and/or maximum benefit provisions.

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**CLAIM ADJUSTMENT (CARC) AND REMITTANCE ADVICE (RARC) CODE EXPLANATIONS:**

N365 This procedure code is not payable. It is for reporting/information purposes only.  
N383 Services deemed cosmetic are not covered.

**Group Codes (GC) =** CO: Contractual Obligations PR: Patient Responsibility PI: Payer Initiated Reductions OA: Other Adjustments  
**Forward Balance =** Remaining recovery amount where no recovery or only a partial recovery was made for a claim on this remittance advice.

**Select Health Advantage® appeals**

If you wish to file a provider appeal, please submit a written request to:  
SelectHealth  
Attention: Appeals Dept.  
PO Box 30196  
Salt Lake City, UT 84130

All provider appeals must be received within 60 days of the Remittance Advice (RA) date in order to be considered. Appeal submissions should include a copy of the original claim(s), a copy of the RA, copies of medical records that would support the appeal, a Waiver of Liability form (if applicable), and any other documents that would support overturning the denial. For additional appeal information, including the Waiver of Liability form, visit [selecthealth.org/appeals](https://selecthealth.org/appeals).

For all other appeals, please visit <https://www.selecthealth.org/medicare/resources/appeals-and-grievances>

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This information is available for free in other languages and alternate formats by contacting Select Health Medicare: 855-442-9900 (TTY: 711) / Select Health: 800-538-5038.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電