

HMA HMA
PO Box 2069
Cottonwood AZ 86326-2069

Provider Explanation of Benefits



[EP-EP]

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Forwarding Service Requested

DR. SAMPLE
123 MAIN STREET
ANYTOWN CA 12345

J1D1 1

Customer Service

For Claims Inquiries:
LOCAL (928)634-2216
TOLL FREE (800)448-3585
FAX (866)293-9649

Plan: GROUP ABC
P.O. BOX 22009
TEMPE AZ 85285-2009

Provider: DR. SAMPLE
Provider ID: 11111111
Process Date: 05/09/2017

Adjustment to Payments

Beginning Balance: \$0.00
Adjustment: \$0.00
Ending Balance: \$0.00

Zelis™ Payments is our ePayment vendor for expediting payment and remittance transactions, as well as complying with PPACA Section 1104. To sign up for ePayments using ACH or Virtual Payment Cards, as well as electronic remittances (835, Excel, PDF), please visit ZelisPayments.com, email membership@zelispayments.com, or call Zelis Payments Membership Department at 1-877-828-8834.

Reference No.: 123456789

Patient Name: JOE COMMON

Account No.: 789

ID No.: 987654321

Line No	Date Of Service From Thru	Remarks	Service Code	Charges	Allowed Charges	Member Liability					Pay To	Plan Pays
						Ineligible	Co-Pay	Deductible	Co-Ins	Total		
001	02/27/2017	4F 4K 5J 6C 99214		\$160.00	\$130.49	\$29.51	\$0.00	\$129.62	\$0.44	\$159.57	PR	\$0.43
002	02/27/2017	4K 5J 6C G0442		\$21.00	\$21.00	\$0.00	\$0.00	\$0.00	\$10.50	\$10.50	PR	\$10.50
003	02/27/2017	4K 5J 6C G0444		\$21.00	\$21.00	\$0.00	\$0.00	\$0.00	\$10.50	\$10.50	PR	\$10.50
004	02/27/2017	4K 5J 6C 81002		\$10.00	\$4.20	\$5.80	\$0.00	\$0.00	\$2.10	\$7.90	PR	\$2.10
005	02/27/2017	WU 4K 5J 6C 3016F		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PR	\$0.00
006	02/27/2017	71 4K 5J 6C G8510		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PR	\$0.00
TOTAL				\$212.00	\$176.69	\$35.31	\$0.00	\$129.62	\$23.54	\$188.47		\$23.53

Statement Totals

Charges	Allowable	Ineligible	Co-pay	Deductible	Co-Ins	Total	Plan Pays	Voucher Number
\$212.00	\$176.69	\$35.31	\$0.00	\$129.62	\$23.54	\$188.47	\$23.53	00001918

Service Code/Description

3016F PHYSICIAN SERVICES - IN OFFICE
81002 LABORATORY - NON-HOSPITAL BASE
99214 PHYSICIAN OFFICE VISITS - SPEC
G0442 ALCOHOL MISUSE SCREENING AND C
G0444 DEPRESSION SCREENING (ROUTINE)
G8510 PHYSICIAN SERVICES - IN OFFICE

Remark Code/Description

4F Deductible not satisfied; member responsibility.
4K Processed in accordance with the plan document/COC
5J This claim was processed without a network contract with your provider.
6C Reimbursement based on reasonable and allowed charges
71 This service is included in the basic service.
WU Item is not reimbursed per fee schedule.