

PROVIDER NUMBER: 999999999

STATE OF MISSOURI MEDICAID

RA # 99999999

MEDICAL											PAGE	4
RECIPIENT MEDICAID	INTERNAL	SERVICE DATES	P	PROC		BILLED	ALLOWED	CUT/		PAYMENT	ADJUST	
NAME	I.D.	CONTROL	FROM	TO	O	AMOUNT	AMOUNT	BACK		AMOUNT	REASON	
		NUMBER	MMDDYY	MMDDYY	S						CODES	

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XXXXXXXXXX,X	99999999	99999999999999	999999	999999	99	99999	9	99.99	99.99	99.99-	99.99	99
		PAT ACCT:										
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			****CLAIM TOTALS :				9		99.99		99.99	

\*\*\* REMARK CODES: XXX

XXXXXXXXXX,X	99999999	99999999999999	999999	999999	99	99999	9	99.99	99.99	99.99-	99.99	99
		PAT ACCT:										
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			****CLAIM TOTALS :				9		99.99		99.99	

\*\*\* REMARK CODES: XXX XXX

XXXXXXXXXX,X	99999999	99999999999999	999999	999999	99	99999	9	99.99	99.99	99.99-	99.99	99
		PAT ACCT:										
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			****CLAIM TOTALS :				9		99.99		99.99	

XXXXXXXXXX,X	99999999	99999999999999	999999	999999	99	99999	9	99.99	99.99	99.99-	99.99	99
		PAT ACCT:										
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			999999	999999	99	99999	9	99.99	99.99	9.99-	99.99	99
			****CLAIM TOTALS :				9		99.99		99.99	

****CATEGORY TOTALS :	NUMBER OF CLAIMS =	9	9		999.99	999.99-	999.99	
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****PROVIDER TOTALS :	NUMBER OF CLAIMS =	9	9		999.99	999.99-	999.99	
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SPENDDOWN AMOUNT: .99