

DJO LLC
PROVIDER : ██████████
CHECK/EFT: ██████████ 02/27/12

CGS - DME MAC JURISDICTION C
-- MEDICARE REMITTANCE NOTICE --
NPI: ██████████

Rend Prov	Serv Date	POS	Nos	Proc	Mods	Billed	Allowed	Deduct	Coins	StatGroup	RC-Amt	Prov Paid
Name: ██████████		Hic: ██████████	Acnt: ██████████	ICN: ██████████	ASG: Y	MOA: MA07 MA01						
██████████	01/09/12	12	1	L3923	CGRT	98.30	79.41	0.00	15.88	CO-45	18.89	63.53
PT RESP	15.88	CLAIM TOTALS				98.30	79.41	0.00	15.88		18.89	63.53
ADJ TO TOTALS:	PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET		63.53
CLAIM INFORMATION FORWARDED TO: VIRGINIA DEPT OF MED ASSISTANCE												
BALANCE DUE:				PAYMENT VARIANCE: --			PYMT VAR IND:				Claim Status:	19

MESSAGES/REASONS:

- 2 Coinsurance Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
- CO Contractual Obligation
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- MA07 Alert: The claim information has also been forwarded to Medicaid for review.
- PR Patient Responsibility

DJO LLC
PROVIDER : ██████████
CHECK/EFT: ██████████ 01/27/12

CGS - DME MAC JURISDICTION C
-- MEDICARE REMITTANCE NOTICE --
NPI: ██████████

Rend Prov	Serv Date	POS	NOS	Proc	Mods	Billed	Allowed	Deduct	Coins	StatGroup	RC-Amt	Prov Paid
Name: ██████████		Hic: ██████████	Acnt: ██████████	ICN: ██████████	ASG: Y	MOA: MA18 MA01						
██████████	01/02/12	12	1	L3923	CGRT	98.30	79.41	11.46	13.59	PR-1	11.46	54.36
										CO-45	18.89	
PT RESP	25.05	CLAIM TOTALS				98.30	79.41	11.46	13.59		18.89	54.36
ADJ TO TOTALS:	PREV PD		INTEREST			0.00	LATE FILING CHARGE		0.00	NET		54.36
CLAIM INFORMATION FORWARDED TO: ANTHEM BCBS VIRGINIA												
BALANCE DUE:		PAYMENT VARIANCE: --					PYMT VAR IND:				Claim Status:	19

MESSAGES/REASONS:

- 1 Deductible Amount
- 2 Coinsurance Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
- CO Contractual Obligation
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- PR Patient Responsibility

DJO LLC
PROVIDER : ██████████
CHECK/EFT: ██████████ 02/24/12

CGS - DME MAC JURISDICTION C
-- MEDICARE REMITTANCE NOTICE --
NPI: ██████████

Rend Prov	Serv Date	POS	NOS	Proc	Mods	Billed	Allowed	Deduct	Coins	StatGroup	RC-Amt	Prov Paid
Name: ██████████		Hic: ██████████		Acnt: ██████████		ICN: ██████████		ASG: Y	MOA: MA18 MA01			
██████████	01/17/12	12	1	L3807	RT	251.07	205.74	0.00	41.15	CO-45	45.33	164.59
PT RESP	41.15	CLAIM TOTALS				251.07	205.74	0.00	41.15		45.33	164.59
ADJ TO TOTALS:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	164.59
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												
BALANCE DUE:				PAYMENT VARIANCE: --				PYMT VAR IND:			Claim Status:	19

MESSAGES/REASONS:

- 2 Coinsurance Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
- CO Contractual Obligation
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- PR Patient Responsibility

DJO LLC
PROVIDER : ██████████
CHECK/EFT: ██████████ 03/19/12

CGS - DME MAC JURISDICTION C
-- MEDICARE REMITTANCE NOTICE --
NPI: ██████████

Rend Prov	Serv Date	POS	NOS	Proc	Mods	Billed	Allowed	Deduct	Coins	StatGroup	RC-Amt	Prov Paid
Name: ██████████		Hic: ██████████		Acnt: ██████████		ICN: ██████████		ASG: Y	MOA: MA18 MA01			
██████████	02/23/12	12	1	L3982	RT	421.85	316.39	0.00	63.28	CO-45	105.46	253.11
PT RESP	63.28	CLAIM TOTALS				421.85	316.39	0.00	63.28		105.46	253.11
ADJ TO TOTALS:	PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET		253.11
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												
BALANCE DUE:		PAYMENT VARIANCE:	--				PYMT VAR IND:				Claim Status:	19

MESSAGES/REASONS:

- 2 Coinsurance Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
- CO Contractual Obligation
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- PR Patient Responsibility