### SAMPLE REMITTANCE ADVICE – PAID NON-FACILITY CLAIMS

**REPORT ID:** FI04W400  
**PROGRAM ID:** FI04L400  
**BILLING PROVIDER:** 654321 01 HOLLIDAY, DOC  
**SERVICE PROVIDER:** 654321 01 HOLLIDAY, DOC  
**INVOICE NUMBER:** A9800000000001  
**CHECK NUMBER:** 46746  
**PAYMENT DATE:** 12/02/2003

#### AHCCCS ID | NAME | PATIENT ACCOUNT NUMBER | CRN | SCORE DATE | SERVICE CD/ MODIFIER | DATES OF SERVICE | BILLED AMOUNT | ALLOWED AMOUNT (*) | PRICE EXPL: |
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<tbody>
<tr>
<td>A12007007</td>
<td>BOND, JAMES</td>
<td>03310000100801</td>
<td>99223</td>
<td>10/09/2003</td>
<td>150.00</td>
<td>1.00</td>
<td>29.00</td>
<td>ALLOWED AMOUNT (*)</td>
<td>SUB *MCC</td>
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<td>A12007007</td>
<td>007</td>
<td>11/26/2003</td>
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#### NUMBER OF CLAIMS: 5  
**TOTAL BILLED AMOUNT:** $1,940.00  
**TOTAL REMIT AMOUNT:** $879.00

- **PRICE EXPL(ation) codes are listed on Processing Notes page**  
- **Asterisk (*) before PRICE EXPL code shows how Allowed Amount was determined** (e.g., **MCC** = Medicare Coinsurance, **MCD** = Medicare Deductible, **AHA** = AHCCCS Allowed)  
- **Allowed Amount is listed first, followed by any deductions (e.g., other insurance)**  
- **Last page of Paid Claims section lists totals**