## SAMPLE REMITTANCE ADVICE – VOIDED NON-FACILITY CLAIMS

### REPORT ID: FI04W400
### PROGRAM ID: FI04L400
### VOIED CLAIMS – INVOICE DATE: 04/16/2004

**BILLING PROVIDER:** 654321 01 HOLLIDAY, DOC  
**SERVICE PROVIDER:** 654321 01 HOLLIDAY, DOC

**INVOICE NUMBER:** A9800000000001  
**CHECK NUMBER:** 48746  
**PAYMENT DATE:** 04/20/2004

**AHCCCS ID**  
**NAME**  
**RECIPIENT**  
**PATIENT ACCOUNT NUMBER**  
**CRN**  
**SCORE DATE**  
**SERVICE CD/MODIFIER**  
**DATES OF SERVICE**  
**BILLING AMOUNT**  
**ALLOWED AMOUNT**

<table>
<thead>
<tr>
<th>AHCCCS ID</th>
<th>NAME</th>
<th>PATIENT ACCOUNT NUMBER</th>
<th>CRN</th>
<th>SCORE DATE</th>
<th>SERVICE CD/MODIFIER</th>
<th>DATES OF SERVICE</th>
<th>BILLED AMOUNT</th>
<th>ALLOWED AMOUNT(*)</th>
<th>PRICE EXPL:</th>
<th>UNITS</th>
<th>UNITS</th>
<th>NET PAID AMOUNT</th>
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<tbody>
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</tbody>
</table>

**NUMBER OF CLAIMS:** 2  
**TOTAL BILLED AMOUNT:** 550.00  
**TOTAL RECOUPED AMOUNT:** 101.00

- New Allowed Amount is listed first as a negative
- Any previous deductions would be “backed out” as positive
- Net Paid Amount shows amount recouped
- Last page of Voided Claims section lists totals