

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- ☐ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:

- ☐ Molina Medi-Cal Managed Care
☐ Molina Medicare Options Plus
☒ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:
☒ **Medical Group/ IPA/MSO**
Primary Care

- ☒ IPA/MSO
☒ Directs
☒ MMG

Specialists

- ☒ Directs
☒ IPA

☒ **Hospitals**
Ancillary

- ☒ CBAS
☒ SNF/LTC
☒ DME
☒ Home Health
☒ Other

FOR QUESTIONS CALL
PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles County

122233	127685	121934
127690	127657	114378
120104	127879	111131

Riverside/San
Bernardino Counties

128007	126215	126556
128010	127709	123251

Sacramento County

127140	126232
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San Diego County

121588	120098	126236
121587	126225	121057

Imperial County

CELL: 760-679-5680
 121587 121588

EXPLANATION OF PAYMENT STATEMENTS

This is an advisory notification to the Molina Healthcare of California (MHC) provider network regarding changes to our Explanation of Payment (EOP) statements.

As part of our ongoing efforts to incorporate feedback and continuously improve the service we offer you, we are making our EOP statements easier to read.

What you can expect?

Effective September 9, 2015, amounts previously listed under the Coordination of Benefits (COB) field for the Program: MMP Medicare will now be listed under the co-pay, co-insurance and deductible fields. This change, which aims to improve the clarity of the information presented, applies to both the electronic and paper versions of MHC's Cal MediConnect EOPs.

A special reminder

MMP members are not liable for Medicare Part A and B cost sharing, including deductibles, coinsurance and copayments.

QUESTIONS

If you have any questions or require further clarification regarding this notification, please contact your Molina Provider Services Representative at (855) 322-4075.

Sample Explanation of Payment Statement - Electronic Remittance Advice (835)

Before	After
CLP*34541024A*1*663.8*254.69*211.97*HM*1234567890~	CLP*34541024A*1*663.8*254.69*211.97*HM*1234567890~
NM1*QC*1*Test*Patient****MI*400000000091~	NM1*QC*1*Test*Patient****MI*400000000091~
REF*CE*QMXBP0836~	REF*CE*QMXBP0836~
DTM*232*20130826~	DTM*232*20130826~
DTM*233*20130826~	DTM*233*20130826~
DTM*050*20150401~	DTM*050*20150401~
AMT*AU*451.83~	AMT*AU*451.83~
SVC*HC>A0427>RH*595*200.75**1~	SVC*HC>A0427>RH*595*200.75**1~
DTM*472*20130826~	DTM*472*20130826~
CAS*PR*2*51.21~ ---- Coinsurance	CAS*CO*2*51.21~ --- Coinsurance
CAS*CO*131*4.1~	CAS*CO*131*4.1~
CAS*PR*1*147~ ---- Benefit Deductible	CAS*CO*1*147~ --- Benefit Deductible
CAS*CO*45*191.94~	CAS*CO*45*191.94~
AMT*B6*403.06~	AMT*B6*403.06~
	LQ*HE*MA13~ --- Remark Code

Sample MMP Explanation of Payment Statement (Paper Remittance Advice) with co-insurance and deductible



MOLINA HEALTHCARE OF [REDACTED]

EXPLANATION OF PAYMENT

Explanation of Payment for:
PayTo Provider
1234 Test Ave, [REDACTED]
NPI: 8765755674
TAX ID: TaxID 123456



Paid Date: 03/05/2015

Check or EFT Trace # EFT1234

Before

Claim Date	Rev	Mod Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-		Net Plan	FSS	Line	Adj	Adj	Rmk	
Line	ServiceFrom Code	Units	1 2	Amount	Amount	Amount	Amount	Applied	Amount	Insurance	Deductible	Payable	CAP	Status	Cd	Cd	Cd	Msg
	ServiceThru	cp	hpc															
Patient Name: Test Patient				Member ID#: 1235672354				Payer Claim Ctrl#: 11112616500				Patient Control #: 123456789						
Rendering Provider Name: Provider Smith				NPI#: NPI1234567				Program: MMP MEDICARE										
1	02/05/2015	1.00	RH	\$350.00	\$339.42	\$10.58	\$153.94	\$185.48	\$0.00	\$0.00	\$0.00	\$150.86	FFS	PAID	CO		45	
	02/05/2015							\$0.00	\$0.00	\$0.00								
2	02/05/2015	0.80	RH	\$6.40	\$5.82	\$0.58	\$4.66	\$1.16	\$0.00	\$0.00	\$0.00	\$4.57	FFS	PAID	CO		45	
	02/05/2015							\$0.00	\$0.00	\$0.00								
TOTAL AMOUNT:				\$356.40	\$345.24	\$11.16	\$158.60	\$186.64	\$0.00	\$0.00	\$0.00	\$155.43						

***Mag: Line 1. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law regulation.
Line 2. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law regulation.

Patient Name: Test Patient		Member ID#: 1235672354		Payer Claim Ctrl#: 11112616500M		Patient Control #: 123456789																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Rendering Provider Name: Provider Smith		NPI#: NPI1234567		Program: MMP MEDICAID																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
1	02/05/2015	1.00 RH	\$350.00	\$126.82	\$199.14	\$0.00	\$150.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0

***Mag: Line 1. -No further payment applicable due to coordination of benefits.
Line 2. -No further payment applicable due to coordination of benefits.



MOLINA HEALTHCARE OF [REDACTED]

EXPLANATION OF PAYMENT

Explanation of Payment for:
PayTo Provider
1234 Test Ave, [REDACTED]
NPI: 8765755674
TAX ID: TaxID 123456



Paid Date: 03/05/2015

Check or EFT Trace # EFT1234

After

Claim Date	Rev	Mod Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	ServiceFrom Code	Units	1	2	Amount	Amount	Amount	Applied	Amount	Insurance	Payable	CAP	Status	Cd	Cd	Msg
	ServiceThru cphpc	3	4													
Patient Name: Test Patient						Member ID#: 1235672354		Payer Claim Ctrl#: 11112616500	Patient Control #: 123456789							
Rendering Provider Name: Provider Smith						NPI#: NPI1234567		Program: MMP MEDICARE								
1	02/05/2015	1.00	RH		\$350.00	\$339.42	\$10.58	\$153.94	\$0.00	\$0.00	\$38.48	\$147.00	\$150.86	FFS	PAID	CO 45
	02/05/2015	PC							\$0.00	\$0.00						
2	02/05/2015	0.80	RH		\$6.40	\$5.82	\$0.58	\$4.66	\$0.00	\$0.00	\$1.16	\$0.00	\$4.57	FFS	PAID	CO 45
	02/05/2015	PC							\$0.00	\$0.00						
TOTAL AMOUNT:					\$356.40	\$345.24	\$11.16	\$158.60	\$0.00	\$0.00	\$39.64	\$147.00	\$155.43			

***Mag: Line 1. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law regulation.
Line 2. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law regulation.

No Changes to M Claim

Patient Name: Test Patient			Member ID#: 1235672354			Payer Claim Ctrl#: 11112616500M			Patient Control #: 123456789								
Rendering Provider Name: Provider Smith			NPI#: NPI1234567			Program: MMP MEDICAID											
1	02/05/2015	PC	1.00 RH	\$350.00	\$126.82	\$199.14	\$0.00	\$150.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45
2	02/05/2015	PC	0.80 RH	\$6.40	\$1.94	\$1.83	\$0.00	\$4.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45
TOTAL AMOUNT:				\$356.40	\$128.76	\$200.97	\$0.00	\$155.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				

***Mag: Line 1. -No further payment applicable due to coordination of benefits.
Line 2. -No further payment applicable due to coordination of benefits.

000000-000001-000000-000002-2544 1080C/K01

000000-000001-000000-000002-2544 1080C/K01

Sample MMP Explanation of Payment Statement (Paper Remittance Advice) with co-payment

000000-000002-000000-000003 2547 1 0500C/K01



EXPLANATION OF PAYMENT

Explanation of Payment for:
PayTo Provider
1234 Test Ave, [REDACTED]
NPI: 8765755674
TAX ID: TaxID 123456



Molina Healthcare of [REDACTED]

Paid Date: 01/05/2015

Check or EFT Trace # EFT7892

Before

Claim Date	Rev	Mod Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	FFS	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	ServiceFrom Code	Units	Amount	Amount	Amount	Payable	Amount	Applied	Amount	Insurance	Withhold	Payable	CAP	Status	Cd	Cd	Msg
	ServiceThru cphpc	3	4														
Patient Name: Test Patient Rendering Provider Name: Provider Smith Member ID#: 12345672354 NPI#: NPI123456 Payer Claim Ctr#: 1234567890 Program: MMP MEDICARE Patient Control #: 123456789																	
1	05/22/2015 0022	18.00	\$0.00	\$5,396.76	-\$5,396.76	\$2,561.76	\$2,835.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51.24	\$2,510.52	FFS	PAID	CO	45
2	05/22/2015 0120	18.00	\$5,396.76	\$0.00	\$5,396.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97
3	05/22/2015 0250	5.00	\$190.78	\$0.00	\$190.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	97
TOTAL AMOUNT:			\$5,587.54	\$5,396.76	\$190.78	\$2,561.76	\$2,835.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51.24	\$2,510.52				

***Mag: Line 1. -Adjustment code for federal, state or local law regulation that affects compensation under provider agreements or is mandated by a federal, state or local law/regulation.
Line 2. -Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
Line 3. -Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

EXPLANATION OF PAYMENT

Explanation of Payment for:
PayTo Provider
1234 Test Ave, [REDACTED]
NPI: 8765755674
TAX ID: TaxID 123456

Molina Healthcare of [REDACTED]

Paid Date: 01/05/2015

Check or EFT Trace # EFT7892

Claim Date	Rev	Mod Mod	Billed	Allowed	Disallow	Gross Plan	COB	Co-Pay	Refund	Co-	FFS	Net Plan	FSS	Line	Adj	Adj	Rmk
Line	ServiceFrom Code	Units	Amount	Amount	Amount	Payable	Amount	Applied	Amount	Insurance	Withhold	Payable	CAP	Status	Cd	Cd	Msg
	ServiceThru cphpc	3	4														
Patient Name: Test Patient Rendering Provider Name: Provider Smith Member ID#: 12345672354 NPI#: NPI123456 Payer Claim Ctr#: 1234567890M Program: MMP MEDICAID Patient Control #: 123456789																	
1	05/27/2015 0022	18.00	\$0.00	\$3,409.74	-\$3,409.74	\$899.22	\$2,510.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$899.22	FFS	PAID	CO	45
2	05/27/2015 0120	18.00	\$5,396.76	\$0.00	\$5,396.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45
3	05/27/2015 0250	5.00	\$190.78	\$0.00	\$190.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS	PAID	CO	45
TOTAL AMOUNT:			\$5,587.54	\$3,409.74	\$2,177.80	\$899.22	\$2,510.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$899.22				

***Mag: Line 1. -Paying up to Maximum Allowable due to coordination of benefits
Line 2. -No further payment applicable due to coordination of benefits
Line 3. -No further payment applicable due to coordination of benefits

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***Mag: Line 1. -Paying up to Maximum Allowable due to coordination of benefits
Line 2. -No further payment applicable due to coordination of benefits
Line 3. -No further payment applicable due to coordination of benefits