



Key Demo Payer
1880 JFK Blvd
12th Floor
Philadelphia PA 19103

EXPLANATION OF PAYMENT

PAYMENT DATE: 12/11/2014
PAYEE ID: 333444555
CHECK NUMBER: 0000090126
CLAIM COUNT: 1
TOTAL CHARGES: \$2.50
TOTAL PAYMENT: \$1.50
TOTAL PROVIDER ADJ: \$0.00
PAYMENT AMOUNT: \$1.50

0004230 01 MB 0.432 **AUTO T4 0 0047 19103-743212-C03-P00000-I 4



INSTAMED COMMUNICATIONS
1880 JFK Blvd 12th Floor
PHILADELPHIA PA 19103-7432

Questions? Please contact Customer Service at 1-866-InstaMed

CLAIM SUMMARY

Service Dates From To	Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibility	Other Insurance Paid	Provider Reduction	Adjustment Reason	Remarks
Patient: TESTTHREE CHK			Insured: 800164723 TESTTHREE CHK D				Payer Claim #: 10238-E4-445			
Schod:			Provider: 333444555 ABC HOSPITAL				Policy #:			
Provider Acct #:										
08/21/10	08/21/10	92004	1	2.50	1.00	1.50	0.50	0.00	0.50	PR-3,CO-41
Total for Claim				2.50	1.00	1.50	0.50	0.00	0.50	

Adjustment Reason Codes

Remarks Codes

Code	Description	Code	Description
PR-3	Co-payment Amount		
CO-41	Discount agreed to in Preferred Provider contract.		



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Keybank
12-2/750

No. 0000090126
12/11/14

VOID VOID VOID

ONE and 50/100

Void after 180 days

\$1.50

PAY TO THE ORDER OF

INSTAMED COMMUNICATIONS
1880 JFK Blvd 12th Floor
PHILADELPHIA PA 19103-7432

ABC HealthPlan Legal Text

You, your beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request for a review to **ABC HealthPlan**. Requests for review or appeal may be mailed to ABC HealthPlan 1880 JFK Blvd 12th Floor Philadelphia, PA 19103, Attn: Claims Appeal or sent via FAX to (215) 789-3680, Attn: Claims Appeal. The request should include any issues outlining the basis of the appeal. As pertinent to the appeal, a review of the plan and its administration may occur.

A request for review must be filed within 60 days after receipt of the written notice of denial of a claim. A decision will be rendered by **ABC HealthPlan** no later than 30 days after receipt of a request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after **ABC HealthPlan's** review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent provisions on which the decision was based.