

Payee Org
 Owner Org

EXPLANATION OF PAYMENTS

PAYEE:
 Pete, Provider

ISSUE DATE:
 04-06-2015

EOP Issued Date

OWNER:
 Pete, Provider

WARRANT # (DIRECT DEPOSIT/EFT #):
 771850009

Warrant #

PAYMENT AMOUNT:
 \$400.00

Total EOP amount

Customer Name

Provider, Provider #

Claim #

A. ORIGINAL CLAIMS PROCESSED

Total Claim Amount

Date of Service

Authorization #

Claim Frequency

CLAIM #:
 16612621

PROVIDER:
 Pete, Provider (12345678)

Line Approved Amount:
 150.00

Line:	Vr:	Customer Name:	Dates of Service:	Srv Auth:	Srv Cd:	Service:			
0001	0001	HUSKER, HERBIE	12-05-2014	86753091	1396	SERVICE 1			
Freq:	Units:	Rate:	Total Chrg:	Red Amount:	Cust Oblig:	FICA:	BckUp Wh:	Prev Pd Amt:	
OC	1.00	150.000	150.00	0.00	0.00	0.00	0.00	0.00	

Service Provided

Claim Units

CLAIM #:
 86319809

PROVIDER:
 Pete, Provider (12345678)

Line Approved Amount:
 250.00

Claim Financial Information

Line:	Vr:	Customer Name:	Dates of Service:	Srv Auth:	Srv Cd:	Service:			
0001	0001	HUSKER, HERBIE	04-01-2015	86753092	1396	SERVICE 2			
Freq:	Units:	Rate:	Total Chrg:	Red Amount:	Cust Oblig:	FICA:	BckUp Wh:	Prev Pd Amt:	
OC	1.00	250.000	250.00	0.00	0.00	0.00	0.00	0.00	

PAYMENT RECONCILIATION

Total Payments of Original and Adjusted Claims	\$400.00
Total Collections Applied to Overpayments	\$0.00
Total Payment to Provider	\$400.00

Total EOP Amount