

Claims Processing

Reimbursement Statement Sample

**Example**

**SecurityHealthPlan.**



Underwritten by  
Security Health Plan of Wisconsin, Inc.

1515 Saint Joseph Avenue  
P.O. Box 8000  
Marshfield, WI 54449-8000  
1-800-548-1224  
715-221-9588

PROVIDER NAME  
ATTN BILLING DEPT  
123 E AVE  
ANYTOWN, WI 00000

January 5, 2005 Account: 0-000-000

Service Date	Claim Number	Code/Description	Patient Account #	Charged Amount	Provider Responsibility	ANSI	Patient Responsibility	ANSI	Reimbursement
16 <b>DOE, JOHN E</b> 17 MHN: 1111111      18 Subscriber #: 0500000000000									
10/28/04	0000000	19 Fee Reduction - By Medicare	12345	395.00	190.90	N18	190.90		190.90-
10/28/04	0000000	Payment To Affiliate - From Medicare			163.28	N9	163.28		163.28-
		Credit Subtotal			354.18		354.18		354.18-
				<b>12345</b>	<b>395.00</b>		<b>395.00</b>		<b>395.00</b>
				<b>20 Patient Totals</b>	<b>395.00</b>		<b>354.18</b>		<b>40.82</b>
20 <b>DOE, JANE O</b> MHN: 2222222      Subscriber #: 0500000000000									
11/26/04	0000000	92004		45.00	6.75	45	6.75		38.25
				<b>20 Patient Totals</b>	<b>45.00</b>		<b>6.75</b>		<b>38.25</b>
MHN: 3333333      Subscriber #: 0500000000000									
12/09/04	0000000	92004		45.00	6.75	45	7.65	2	30.60
				<b>23 Patient Totals</b>	<b>45.00</b>		<b>6.75</b>		<b>30.60</b>
21 <b>Last Statement</b> 22 <b>Last Payment</b> 24 <b>Charged Amount</b> 25 <b>Provider Responsibility</b> 26 <b>Patient Responsibility</b> 26 <b>This Payment</b>									
38.25-		.00		485.00	367.68		7.65		71.42
27 <b>Provider responsibility</b> ANSI Code - N18 Payment based on the Medicare allowed amount.      Total ANSI N18 = 190.90 ANSI Code - N9 Adjustment represents the estimated amount the primary payer may have paid.      Total ANSI N9 = 163.28 ANSI Code - 45 Charges exceed your contracted/legislated fee arrangement (discount).      Total ANSI 45 = 13.50 Total Provider Responsibility = 367.68									
28 <b>Patient responsibility</b> ANSI Code - 2 Coinsurance amount      Total ANSI 2 = 7.65 Total Patient Responsibility = 7.65									