

PROVIDER NUMBER
094777651

TYPE
10

ILLINOIS DEPARTMENT OF PUBLIC AID
REMITTANCE ADVICE

DATE
08/27/98

PAGE
1

Document Control Number Recipient Name	Prov. Reference Recipient Number	Cat Serv	Date of Service	NDC/Item or Service	Amount Billed	Amount Allowed	Stat	Error Codes
ADJUDICATED INVOICES - PREVIOUSLY SUSPENDED								
8040 123456 (5)	AB0497 (6)							
BILL BROWN (7) SECTION 01 (9)	047355961 (8)	(11) 01	(12) 061898	(13) 99201	(14) 55.00	(15) 20.65	(16) RD	(17) F01
SECTION 02		01	061998	99212	25.00	18.55	RD	F01
SECTION 03	(10) TPL 1	01	070198	75552	425.00	0.00	RJ	T21
SECTION 04		01	070898	99213	30.50	18.55	RD	F01
<u>THIRD PARTY LIABILITY</u>								
SOURCE	INSURING ORGANIZATION	INSURANCE COMPANY NAME		POLICYHOLDER NAME		GROUP NO/ CERT NO		
(18) (19) 03 006CA00	(20) ALLRIGHT INSURANCE			(23) EXTRA EMMA				
(21) 100 SOUTH NORTH STREET	(22) SUSPENDED INVOICES			(24) ABC 047 /375A49566571	ANYTOWN IL 60001			
8010 134567 MARY GRAND SECTION 01	AA0035 010259676	01	071098	99231	50.00	.00	SS	
MARY GRAND SECTION 02	010259676	01	071198	99231	50.00	.00	SS	D04
SUSPENDED FOR DEPARTMENT REVIEW								

VOUCHER NUMBER
80504567

PROVIDER MAILING ADDRESS

00762438560111 01

GREEN AJAX
1000 ROVING ROAD
DOWNTOWN IL 60111

REMITTANCE
TOTAL

PLEASE REFER TO THIS
NUMBER AND TO THE
DOCUMENT CONTROL
NUMBER ON ALL
CORRESPONDENCE

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ADJUSTMENTS								
8014 123456 FRED GRAY	27458 066793412		062098	14C	35.00	35.00	RT	
8010 147890 LARRY LIGHT	074936591		051498	22D	19.00	19.00	DB	
7360 234567 ALMA ABLE	044273651		041098	21C	120.00	54.90	CR	
(34) PROVIDER SUMMARY								
TOTAL BILLED					635.50			
AMOUNT REJECTED					425.00			
AMOUNT REDUCED					52.75			
AMOUNT SUSPENDED					100.00			
TOTAL TPL								
TOTAL CREDITS					54.90			
TOTAL DEBITS					19.00			
AMOUNT PAYABLE					76.75			
RETURNED CHECKS					35.00			

VOUCHER NUMBER
80504567 (35)

(36) PROVIDER MAILING ADDRESS

00762438560111 01
GREEN AJAX
1000 ROVING ROAD
DOWNTOWN IL 60111

(37)

REMITTANCE
TOTAL
76.75

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