



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 05/05/16

REPORT #: RPT-10

ACCT ID: NOT AVAILABLE

NPI: 1720288210

SUBMITTER ID: 222996130

CUSTOMER ID/SUB: 204831910

SUBMITTER NAME: FRANK GAINNANTONIO &

CUSTOMER NAME: CARE WE LOVE

DISCLAIMER

THIS REPORT IS GENERATED BY THE PAYERS AND NOT BY EMDEON BUSINESS SERVICES
DIVISION. NOT ALL THE EMDEON PAYERS PARTICIPATE IN THIS CLAIM STATUS REPORT
PROGRAM AND THE AMOUNT OF INFORMATION RECEIVED VARIES FROM PAYER TO PAYER.

CLAIM STATUS

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101893556	PAYER ID:	86047
PATIENT:	AGUILAR M	PAYER PHONE:	
PAT CTRL #:	AGUILAR	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757758
SUBM CLMID:		DOS:	032316-032316
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102080917	PAYER ID:	86047
PATIENT:	ALONSO A	PAYER PHONE:	
PAT CTRL #:	ALONSO	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757760
SUBM CLMID:		DOS:	010416-010416
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101884840	PAYER ID:	86047
PATIENT:	ANARIBA S	PAYER PHONE:	
PAT CTRL #:	ANARIB	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757762
SUBM CLMID:		DOS:	031616-031616
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101988756	PAYER ID:	86047
PATIENT:	BALDEON E	PAYER PHONE:	
PAT CTRL #:	BALDW	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757764
SUBM CLMID:		DOS:	010616-010616
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102072535	PAYER ID:	86047
PATIENT:	BAYDER R	PAYER PHONE:	
PAT CTRL #:	BAYDER	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757766
SUBM CLMID:		DOS:	112715-112715
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	106275085	PAYER ID:	86047
PATIENT:	BENITEZ D	PAYER PHONE:	
PAT CTRL #:	BENITZ	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757768
SUBM CLMID:		DOS:	012216-012216
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102219362	PAYER ID:	86047
PATIENT:	BIBI S	PAYER PHONE:	
PAT CTRL #:	BIBI S	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757770
SUBM CLMID:		DOS:	122815-122815
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101863635	PAYER ID:	86047
PATIENT:	BONACHEA P L	PAYER PHONE:	
PAT CTRL #:	BONACHEA	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757772
SUBM CLMID:		DOS:	011516-011516
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

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REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102073155	PAYER ID:	86047
PATIENT:	BRIMAGE T	PAYER PHONE:	
PAT CTRL #:	BRIMAGE	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757774
SUBM CLMID:		DOS:	041116-041116
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101836953	PAYER ID:	86047
PATIENT:	CABRAL R	PAYER PHONE:	
PAT CTRL #:	CABRAL	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757776
SUBM CLMID:		DOS:	020316-020316
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102089663	PAYER ID:	86047
PATIENT:	CHAMIZO C	PAYER PHONE:	
PAT CTRL #:	CHAMIZ	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757778
SUBM CLMID:		DOS:	022216-022216
REFERRED DATA:			



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MEDICAL CLAIMS DISTRIBUTION SYSTEM

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STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101930206	PAYER ID:	86047
PATIENT:	EDWARDS A	PAYER PHONE:	
PAT CTRL #:	EDWARDS	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757780
SUBM CLMID:		DOS:	011516-011516
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101984712	PAYER ID:	86047
PATIENT:	GANAPATHY C	PAYER PHONE:	
PAT CTRL #:	GANAP	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757782
SUBM CLMID:		DOS:	020116-020116
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102224041	PAYER ID:	86047
PATIENT:	GONZALEZ PEREZ M A	PAYER PHONE:	
PAT CTRL #:	GONZA M	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757784
SUBM CLMID:		DOS:	031116-031116
REFERRED DATA:			



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MEDICAL CLAIMS DISTRIBUTION SYSTEM

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STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	108865698	PAYER ID:	86047
PATIENT:	GUERRA A	PAYER PHONE:	
PAT CTRL #:	GUERRAN	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757787
SUBM CLMID:		DOS:	123015-123015
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	106051473	PAYER ID:	86047
PATIENT:	HANNA L	PAYER PHONE:	
PAT CTRL #:	HANNAL	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757789
SUBM CLMID:		DOS:	010416-010416
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102091183	PAYER ID:	86047
PATIENT:	HENRIQUEZ A	PAYER PHONE:	
PAT CTRL #:	HENRIQ	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757790
SUBM CLMID:		DOS:	022216-022216
REFERRED DATA:			



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REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101773020	PAYER ID:	86047
PATIENT:	HOLEMAN D	PAYER PHONE:	
PAT CTRL #:	HOLEMAN	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757792
SUBM CLMID:		DOS:	030916-030916
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102254129	PAYER ID:	86047
PATIENT:	HOLMES B	PAYER PHONE:	
PAT CTRL #:	HOLMES	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757795
SUBM CLMID:		DOS:	031516-031516
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	105788736	PAYER ID:	86047
PATIENT:	JACOBS M	PAYER PHONE:	
PAT CTRL #:	JACOBS	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757796
SUBM CLMID:		DOS:	111115-111115
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
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REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102045262	PAYER ID:	86047
PATIENT:	JIMENEZ D	PAYER PHONE:	
PAT CTRL #:	JIMENEZD	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757799
SUBM CLMID:		DOS:	110915-110915
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101995826	PAYER ID:	86047
PATIENT:	LOPEZ M	PAYER PHONE:	
PAT CTRL #:	LOPEZM	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757802
SUBM CLMID:		DOS:	110915-110915
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	982587277	PAYER ID:	86047
PATIENT:	MELENCIANO M	PAYER PHONE:	
PAT CTRL #:	MELECIANO	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757808
SUBM CLMID:		DOS:	020516-020516
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
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PROVIDER CLAIM STATUS REPORT

REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101886530	PAYER ID:	86047
PATIENT:	MIKALOPAS A	PAYER PHONE:	
PAT CTRL #:	MIKALO	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757810
SUBM CLMID:		DOS:	122815-122815
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102062059	PAYER ID:	86047
PATIENT:	MONROE O	PAYER PHONE:	
PAT CTRL #:	MONROE	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757811
SUBM CLMID:		DOS:	010416-010416
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101786839	PAYER ID:	86047
PATIENT:	NAGAR E	PAYER PHONE:	
PAT CTRL #:	NAGAR	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757814
SUBM CLMID:		DOS:	122815-122815
REFERRED DATA:			



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STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102095871	PAYER ID:	86047
PATIENT:	NIEVES A	PAYER PHONE:	
PAT CTRL #:	NIEVES	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757816
SUBM CLMID:		DOS:	020316-020316
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	983012396	PAYER ID:	86047
PATIENT:	PATEL B J	PAYER PHONE:	
PAT CTRL #:	PATEL	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757818
SUBM CLMID:		DOS:	021916-021916
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	105933319	PAYER ID:	86047
PATIENT:	PENA R	PAYER PHONE:	
PAT CTRL #:	PENAR	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757820
SUBM CLMID:		DOS:	031116-031116
REFERRED DATA:			



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REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101994690	PAYER ID:	86047
PATIENT:	RECIOAQUINO B	PAYER PHONE:	
PAT CTRL #:	RECIO	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757822
SUBM CLMID:		DOS:	010716-010716
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	982133949	PAYER ID:	86047
PATIENT:	REYNOSO W	PAYER PHONE:	
PAT CTRL #:	RENOS	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757824
SUBM CLMID:		DOS:	030516-030516
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	983029444	PAYER ID:	86047
PATIENT:	RODRIGUEZ L	PAYER PHONE:	
PAT CTRL #:	RODRILYDIA	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757826
SUBM CLMID:		DOS:	120415-120415
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	101878677	PAYER ID:	86047
PATIENT:	SARMIENTO P	PAYER PHONE:	
PAT CTRL #:	SERMIENTO	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757828
SUBM CLMID:		DOS:	120415-120415
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	106893995	PAYER ID:	86047
PATIENT:	SUAREZ Z	PAYER PHONE:	
PAT CTRL #:	SUREZUL	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757832
SUBM CLMID:		DOS:	112415-112415
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	102084596	PAYER ID:	86047
PATIENT:	THAWANI L	PAYER PHONE:	
PAT CTRL #:	THAL	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757834
SUBM CLMID:		DOS:	102315-102315
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 05/05/16

STATUS: 19 ACK/RECEIPT - ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	70142299	PAYER ID:	86047
PATIENT:	THAWANI S	PAYER PHONE:	
PAT CTRL #:	THAS	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	37.80	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757836
SUBM CLMID:		DOS:	041916-041916
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	70142299	PAYER ID:	86047
PATIENT:	THAWANI S	PAYER PHONE:	
PAT CTRL #:	THAS	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757838
SUBM CLMID:		DOS:	102315-102315
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	103056891	PAYER ID:	86047
PATIENT:	VAZQUEZ B	PAYER PHONE:	
PAT CTRL #:	VASQU	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	050416/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050416
EMDEON REF:	EPJWXSM01SHMF19	EMDEON CLAIM ID:	EP050316781757840
SUBM CLMID:		DOS:	110315-110315
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 05/05/16

STATUS: CH111 FINALIZED. PAYER HAS PROCESSED THIS CLAIM AS THE SECONDARY PAYER.

PROVIDER ID:	204831910	PAYER NAME:	HORIZON MERCY
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	71434540	PAYER ID:	22326
PATIENT:	PAREEK K	PAYER PHONE:	
PAT CTRL #:	PAREE	PAYER REF:	20160502108003130ECP
PATIENT DOB:		PAYER REPORT TYPE:	835
TOTAL CHARGE:	74.00	PAYER STATUS DATE/TIME:	050516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050316
EMDEON REF:	EPJRVZZ01OTWBT9	EMDEON CLAIM ID:	EP042216747020117
SUBM CLMID:		DOS:	103015-103015
REFERRED DATA:	ACH		



CUSTOMER ID/SUB: 204831910
CUSTOMER NAME: CARE WE LOVE

NPI: 1720288210



FILE ROLL-UP

PATIENT NAME	PATIENT CONTROL #	DATE OF SERVICE	TOTAL CHARGES	PAYER NAME/ID	STATUS
ALFONSOTORRE F R	ALFONSOTORRE	010416	77.50	AMERICAID CC	27514 AE
ALFONSOTORRE F R	ALFONSOTORRE	010516	77.50	AMERICAID CC	27514 AE
ALFONSOTORRE F R	ALFONSOTORRE	010616	77.50	AMERICAID CC	27514 AE
ALFONSOTORRE F R	ALFONSOTORRE	010716	77.50	AMERICAID CC	27514 AE
ALFONSOTORRE F R	ALFONSOTORRE	010816	77.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022216	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022316	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022416	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022516	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022616	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022116	31.00	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022716	31.00	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022816	31.00	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	030516	31.00	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	022916	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	030116	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	030216	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	030316	46.50	AMERICAID CC	27514 AE
BIERMAN E	BIERMAN	030416	46.50	AMERICAID CC	27514 AE
PATEL K	PATELKAM	040416	93.00	AMERICAID CC	27514 AE
PATEL K	PATELKAM	040516	93.00	AMERICAID CC	27514 AE

RPT-04

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EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

FILE DETAIL SUMMARY REPORT

EMDEON REF: EPJY86101THL5W9
FILE SUBMISSION DATE/TIME: 05/05/16-16:32:27
REPORT DATE: 05/05/16

(CONTINUED)
CUSTOMER ID/SUB: 204831910
CUSTOMER NAME: CARE WE LOVE
NPI: 1720288210

FILE ROLL-UP

PATIENT NAME	PATIENT CONTROL #	DATE OF SERVICE	TOTAL CHARGES	PAYER NAME/ID	STATUS
PATEL K	PATELKAM	040716	108.50	AMERICAID CC	27514 AE
PATEL K	PATELKAM	040816	108.50	AMERICAID CC	27514 AE
SMITH B	SMITH	020116	93.00	AMERICAID CC	27514 AE
SMITH B	SMITH	020216	93.00	AMERICAID CC	27514 AE
SMITH B	SMITH	020316	93.00	AMERICAID CC	27514 AE
SMITH B	SMITH	020416	93.00	AMERICAID CC	27514 AE
SMITH B	SMITH	020516	93.00	AMERICAID CC	27514 AE
SMITH B	SMITH	013116	62.00	AMERICAID CC	27514 AE
SMITH B	SMITH	020616	77.50	AMERICAID CC	27514 AE
WARREN C	WARREN	011816	207.00	INC ACNJ MED	86047 AE
WARREN C	WARREN	012516	208.00	INC ACNJ MED	86047 AE
WARREN C	WARREN	012416	83.20	INC ACNJ MED	86047 AE
WARREN C	WARREN	011716	83.20	INC ACNJ MED	86047 AE



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

SPECIAL HANDLING/UNPROCESSED CLAIMS REPORT

REPORT #: RPT-11
REPORT DATE: 05/06/16

ACCT ID: NOT AVAILABLE
NPI: 1720288210

SUBMITTER ID: 222996130
SUBMITTER NAME: FRANK GAINNANTONIO &
CUSTOMER ID/SUB: 204831910
CUSTOMER NAME: CARE WE LOVE

DISCLAIMER

YOUR REJECTIONS ARE NOW AVAILABLE ONLINE. PLEASE USE THE LINK BELOW
TO LOGIN OR REGISTER: [HTTPS://ACCESS.EMDEON.COM](https://access.emdeon.com)

THE CLAIMS REPORTED HERE ARE UNABLE TO BE PROCESSED BY THE PAYER AND A
CORRECTIVE ACTION SHOULD BE TAKEN.

CLAIM STATUS

STATUS: 486 ACK/REJECT INVAL INFO - PRINCIPAL PROCEDURE DATE

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	108980751	PAYER ID:	86047
PATIENT:	WARREN C	PAYER PHONE:	
PAT CTRL #:	WARREN	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	165.60	PAYER STATUS DATE/TIME:	050516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050516
EMDEON REF:	EPJXKY101SZXNO9	EMDEON CLAIM ID:	EP050416786502149
SUBM CLMID:		DOS:	122815-122815
DATA IN ERROR:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

SPECIAL HANDLING/UNPROCESSED CLAIMS REPORT

REPORT DATE: 05/06/16

STATUS: 570 H51000 THE PROCEDURE CODE 'T1910' IS NOT A VALID CPT OR HCPCS
CODE FOR THIS DATE OF SERVICE.

PROVIDER ID:	204831910	PAYER NAME:	INC ACNJ MEDICAID
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	108980751	PAYER ID:	86047
PATIENT:	WARREN C	PAYER PHONE:	
PAT CTRL #:	WARREN	PAYER REF:	
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	165.60	PAYER STATUS DATE/TIME:	050516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	050516
EMDEON REF:	EPJXKY101SZXNO9	EMDEON CLAIM ID:	EP050416786502149
SUBM CLMID:		DOS:	122815-122815
DATA IN ERROR:			
