



EMDEON BUSINESS SERVICES DIVISION  
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 08/02/16

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

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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.

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CLAIM STATUS

STATUS: 3 ACK/ACCEPT - CLAIM HAS BEEN ADJUDICATED AND IS AWAITING PAYMENT  
CYCLE.

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PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	875666582	PAYER ID:	27514
PATIENT:	CASTILLO C	PAYER PHONE:	
PAT CTRL #:	CASTI	PAYER REF:	134754907900
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	310.00	PAYER STATUS DATE/TIME:	080116/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	080116
EMDEON REF:	EPL0DDS02JO63U9	EMDEON CLAIM ID:	EP072716759746822
SUBM CLMID:		DOS:	071816-071816
REFERRED DATA:			

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PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	720116929	PAYER ID:	27514
PATIENT:	MASZER SQUIRE M	PAYER PHONE:	
PAT CTRL #:	SQUIRE	PAYER REF:	134754908000
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	155.00	PAYER STATUS DATE/TIME:	080116/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	080116
EMDEON REF:	EPL0DDS02JO63U9	EMDEON CLAIM ID:	EP072716759746823
SUBM CLMID:		DOS:	071816-071816
REFERRED DATA:			

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PROVIDER CLAIM STATUS REPORT

REPORT DATE: 08/02/16

STATUS: 3      ACK/ACCEPT - CLAIM HAS BEEN ADJUDICATED AND IS AWAITING PAYMENT  
CYCLE.

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PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	875625804	PAYER ID:	27514
PATIENT:	PATEL K	PAYER PHONE:	
PAT CTRL #:	PATELKAM	PAYER REF:	134754908100
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	619.50	PAYER STATUS DATE/TIME:	080116/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	080116
EMDEON REF:	EPL0DDS02JO63U9	EMDEON CLAIM ID:	EP072716759746824
SUBM CLMID:		DOS:	071816-071816
REFERRED DATA:			

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PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	715709066	PAYER ID:	27514
PATIENT:	SMITH B	PAYER PHONE:	
PAT CTRL #:	SMITH	PAYER REF:	134754908200
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	139.50	PAYER STATUS DATE/TIME:	080116/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	080116
EMDEON REF:	EPL0DDS02JO63U9	EMDEON CLAIM ID:	EP072716759746825
SUBM CLMID:		DOS:	071716-071716
REFERRED DATA:			

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PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	715709066	PAYER ID:	27514
PATIENT:	SMITH B	PAYER PHONE:	
PAT CTRL #:	SMITH	PAYER REF:	134754908300
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	465.00	PAYER STATUS DATE/TIME:	080116/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	080116
EMDEON REF:	EPL0DDS02JO63U9	EMDEON CLAIM ID:	EP072716759746826
SUBM CLMID:		DOS:	071816-071816
REFERRED DATA:			

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