



EMDEON BUSINESS SERVICES DIVISION  
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 08/23/16

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:	135199518200
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	310.00	PAYER STATUS DATE/TIME:	082216/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	082216
EMDEON REF:	EPLA3T802PNJLN9	EMDEON CLAIM ID:	EP081716728355155
SUBM CLMID:		DOS:	080816-080816
REFERRED DATA:			

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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:	135199518300
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	465.00	PAYER STATUS DATE/TIME:	082216/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	082216
EMDEON REF:	EPLA3T802PNJLN9	EMDEON CLAIM ID:	EP081716728355156
SUBM CLMID:		DOS:	080816-080816
REFERRED DATA:			

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MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 08/23/16

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:	715709066	PAYER ID:	27514
PATIENT:	SMITH B	PAYER PHONE:	
PAT CTRL #:	SMITH	PAYER REF:	135199518400
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	139.50	PAYER STATUS DATE/TIME:	082216/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	082216
EMDEON REF:	EPLA3T802PNJLN9	EMDEON CLAIM ID:	EP081716728355157
SUBM CLMID:		DOS:	080716-080716
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:	135199518500
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	465.00	PAYER STATUS DATE/TIME:	082216/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	082216
EMDEON REF:	EPLA3T802PNJLN9	EMDEON CLAIM ID:	EP081716728355158
SUBM CLMID:		DOS:	080816-080816
REFERRED DATA:			

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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
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