



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 12/06/16

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: 20 ACK/ACCEPT - ACCEPTED FOR PROCESSING.

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:	137481370700
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	620.00	PAYER STATUS DATE/TIME:	120516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	120516
EMDEON REF:	EP2JKIV006FOLK9	EMDEON CLAIM ID:	EP113016775926778
SUBM CLMID:		DOS:	112116-112116
REFERRED DATA:			

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:	137481370900
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	465.00	PAYER STATUS DATE/TIME:	120516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	120516
EMDEON REF:	EP2JKIV006FOLK9	EMDEON CLAIM ID:	EP113016775926780
SUBM CLMID:		DOS:	112116-112116
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 12/06/16

STATUS: 65 ACK/ACCEPT - CLAIM/LINE HAS BEEN PAID.

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:	137481370500
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	310.00	PAYER STATUS DATE/TIME:	120516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	120516
EMDEON REF:	EP2JKIV006FOLK9	EMDEON CLAIM ID:	EP113016775926776
SUBM CLMID:		DOS:	112116-112116
REFERRED DATA:			

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:	137481370600
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	155.00	PAYER STATUS DATE/TIME:	120516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	120516
EMDEON REF:	EP2JKIV006FOLK9	EMDEON CLAIM ID:	EP113016775926777
SUBM CLMID:		DOS:	112116-112116
REFERRED DATA:			

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:	137481370800
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	139.50	PAYER STATUS DATE/TIME:	120516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	120516
EMDEON REF:	EP2JKIV006FOLK9	EMDEON CLAIM ID:	EP113016775926779
SUBM CLMID:		DOS:	112016-112016
REFERRED DATA:			
