



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 04/12/17

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.
- PAYER

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:	969171009412100
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	041117/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	041117
EMDEON REF:	EPDWK7201508K09	EMDEON CLAIM ID:	EP040717706930536
SUBM CLMID:		DOS:	031317-031317
REFERRED DATA:			

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:	969171009412000
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	041117/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	041117
EMDEON REF:	EPDWK7201508K09	EMDEON CLAIM ID:	EP040717706930538
SUBM CLMID:		DOS:	030717-030717
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 04/12/17

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

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:	969171009412200
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	041117/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	041117
EMDEON REF:	EPDWK7201508K09	EMDEON CLAIM ID:	EP040717706930540
SUBM CLMID:		DOS:	031317-031317
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:	969171009412300
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	35.00	PAYER STATUS DATE/TIME:	041117/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	041117
EMDEON REF:	EPDWK7201508K09	EMDEON CLAIM ID:	EP040717706930542
SUBM CLMID:		DOS:	030417-030417
REFERRED DATA:			



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
AGUILAR M	AGUILAR	040317	248.40	INC ACNJ MED 86047	AE
ALONSO A	ALONSO	040317	276.00	INC ACNJ MED 86047	AE
ALONSO A	ALONSO	040217	110.40	INC ACNJ MED 86047	AE
BAYDER R	BAYDER	040317	165.60	INC ACNJ MED 86047	AE
BENITEZ D	BENITZ	040317	276.00	INC ACNJ MED 86047	AE
BIBI S	BIBI S	040317	386.40	INC ACNJ MED 86047	AE
BIBILONIA J	BIBILON	040317	165.60	INC ACNJ MED 86047	AE
BRIMAGE T	BRIMAGE	040217	110.40	INC ACNJ MED 86047	AE
CABRAL R	CABRAL	040317	207.00	INC ACNJ MED 86047	AE
CABRAL R	CABRAL	040217	82.80	INC ACNJ MED 86047	AE
CHAMIZO C	CHAMIZ	040317	207.00	INC ACNJ MED 86047	AE
CHAMIZO C	CHAMIZ	040217	82.80	INC ACNJ MED 86047	AE
EDWARDS A	EDWARDS	040217	262.20	INC ACNJ MED 86047	AE
GONZALEZ PEREZ M A	GONZA M	040317	69.00	INC ACNJ MED 86047	AE
GONZALEZ PEREZ M A	GONZA M	040317	84.00	INC ACNJ MED 86047	AE
GUERRA A	GUERRAN	040317	165.60	INC ACNJ MED 86047	AE
HANNA M	HANMOU	040317	207.00	INC ACNJ MED 86047	AE
HENRIQUEZ A	HENRIQ	040317	193.20	INC ACNJ MED 86047	AE
HOLEMAN D	HOLEMAN	040317	331.20	INC ACNJ MED 86047	AE
HOLMES B	HOLMES	040417	55.20	INC ACNJ MED 86047	AE
JIMENEZ D	JIMENEZD	040317	455.40	INC ACNJ MED 86047	AE
KAUR H	KAUH	040317	386.40	INC ACNJ MED 86047	AE
LOPEZ M	LOPEZM	040317	138.00	INC ACNJ MED 86047	AE

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EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

FILE DETAIL SUMMARY REPORT

EMDEON REF: EPAA8DE016V8VZ9
FILE SUBMISSION DATE/TIME: 04/12/17-16:10:16
REPORT DATE: 04/12/17

(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
MEJIA H	MEJIA	040317	96.60	INC ACNJ MED 86047	AE
MELENCIANO M	MELECiano	040317	345.00	INC ACNJ MED 86047	AE
MIKALOPAS A	MIKALO	040317	138.00	INC ACNJ MED 86047	AE
MONROE O	MONROE	040317	193.20	INC ACNJ MED 86047	AE
NAGAR E	NAGAR	040317	345.00	INC ACNJ MED 86047	AE
NAGAR E	NAGAR	040217	165.60	INC ACNJ MED 86047	AE
PATEL B J	PATEL	040317	207.00	INC ACNJ MED 86047	AE
PATEL K	PATELKAM	040317	620.00	AMERICAID CC 27514	AE
PENA R	PENAR	040317	82.80	INC ACNJ MED 86047	AE
PENA R	PENAR	040317	84.00	INC ACNJ MED 86047	AE
RECIOAQUINO B	RECIO	040317	110.40	INC ACNJ MED 86047	AE
REYNOSO W	RENOS	040217	165.60	INC ACNJ MED 86047	AE
RIVERA L	RIVELU	040317	207.00	INC ACNJ MED 86047	AE
RIVERA L	RIVELU	040217	124.20	INC ACNJ MED 86047	AE
RODRIGUEZ L	RODRILYDIA	040317	248.40	INC ACNJ MED 86047	AE
SUAREZ Z	SUREZUL	040417	124.20	INC ACNJ MED 86047	AE
THAWANI L	THAL	040317	151.80	INC ACNJ MED 86047	AE
THAWANI L	THAL	040317	60.00	INC ACNJ MED 86047	AE
THAWANI S	THAS	040417	41.40	INC ACNJ MED 86047	AE