



**Regence
BlueShield
of Idaho**

An independent licensee of the Blue Cross
and Blue Shield Association

PO BOX 1106
LEWISTON ID 83501-1106
www.regence.com



Customer Service Phone No.: 1 (800) 632-2022

Check cut to: MICKEY MEDICAL CENTER PLLC ①
2222 OTH STREET
LEWISTON, ID 88888-7777

② Provider ID: 777777777777
④ Check No: 0010057648

③ Date: 06/14/2004
⑤ Voucher No: IM0000000111048

Page 1

CLAIM VOUCHER

⑥ Traditional Medical ORIGINAL CLAIMS

⑦ CUSTOMER SERVICE: 1 (800) 632-2022

Dates of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg Codes
From	Through									Deductible	Copay	CoInsurance	Non-Covered		

⑧ Patient Name: CATHI MULLER		⑨ Insured Name: CATHI MULLER		⑩ Group # 98765432		⑪ Claim # 444444444444							
⑫ Patient Acct.# 555		⑬ ID# 123456789		⑭ Traditional Medical		⑮ Del Prov: DAMION, JESSICA J.							
06/01/04	⑯ 99214	⑰ 1	⑱ 120.00	⑲ 115.23	⑳ 4.77	㉑ 92.18	㉒ 23.05	㉓ 23.05	㉔ 23.05	㉕ 23.05	㉖ 23.05	㉗ 23.05	㉘ PSS
CLAIM TOTAL			120.00	115.23	4.77	92.18	23.05	23.05	23.05	23.05	23.05		

Total Traditional Medical Claims

⑰	⑱	㉑	㉒	㉓	㉔	㉕	㉖	㉗	㉘
Billed Amount	Allowed Amount	Contract. Adjustmnt	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid	
120.00	115.23	4.77			92.18				



PO BOX 1106
LEWISTON ID 83501-1106
www.regence.com

An Independent Licensee of the Blue Cross and Blue Shield Association

Customer Service Phone No.: 1 (800) 632-2022

Check cut to: MICKEY MEDICAL CENTER PLLC
2222 OTH STREET
LEWISTON, ID 88888-7777

Provider ID: 777777777777
Check No: 0010057648

Date: 06/14/2004
Voucher No: IM0000000111048

Page 2

PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL BALANCE FORWARD	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
92.18	- 0.00	- 61.00	+ 0.00	+ 0.00	31.18	06/15/2004

SUMMARY OF PAYMENT REDUCTIONS

Provider No.	Patient Account No.	Claim No.	Original Refund Amount	Amount Previously Recovered	Amount Recovered On This Voucher	Balance Remaining	Original Voucher Date	Message Code
000000000001	000000000002	E00000000009	79.78	18.78	61.00	0.00	04/23/2003	I92

Provider: ANGIEE, JANINE E. Patient Name: LAUREL KEVIN Insured Name: KEVIN SUSAN ID No ZZZ111111111 Bluecard PPO

Total Amount Recovered This Voucher	Total Overpayment Balance Remaining
61.00	0.00

I92: Processed to preferred provider plan benefits.
PSS: The charge exceeds the allowed amount for this service.