



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: JOHN B DOE MD
1231 LOWLAND AVE
BEAVERTON, WA 97123-2846

2 Provider ID: 888888888888

3 Date: 06/14/2004

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4 Check number (Would appear here if payment made)

5 Voucher No: IM00000000111049

CLAIM VOUCHER

6 Bluecard PPO ADJUSTMENTS

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	Total		

8 Patient Name: MARIETT DELLETT
 12 Patient Acct.# 27360402004C
 13 ID# AAA111111111
 14 Bluecard PPO
 9 Insured Name: MARIETT DELLETT
 10 Group # 111111M11
 11 Claim # E2222222222
 15 Del Prov: DOE, JOHN B.

16	01/26/04	99212	1	52.47	52.29	0.18			41.84			10.45		10.45		I92
Previous Claim Total				52.47	52.29	0.18			41.84			10.45		10.45		
Balance Forward									41.84							

31a I92: Processed to preferred provider plan benefits.

Current															Claim # E2222222223
01/26/04		99212	1	52.47					0.00						G75
Current Claim Total				52.47					0.00						

G75: Claim/charges billed in error.

Total Bluecard PPO Adjusted Claims

Billed Amount	Allowed Amount	Contract. Adjustmnt	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid
52.47							41.84	41.84



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CLAIM VOUCHER

Traditional Medical ADJUSTMENTS

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		

Patient Name: GEORGEEN JOHNSON Insured Name: DESIREE JOHNSON Group # 10000001 Claim # E1111111111
 Patient Acct.# 1213C0200GR ID# 111111111 Traditional Medical Del Prov: DOE, JOHN B.
 Previous Previous Voucher Date: 06/14/2004

02/12/04		99212	1	52.47-	52.29-	0.18-			32.29-		20.00-			20.00-		PSS
02/16/04		99212	1	52.47-	52.29-	0.18-			32.29-		20.00-			20.00-		PSS
Previous Claim Total				104.94-	104.58-	0.36-			64.58-		40.00-			40.00-		
Balance Forward									64.58							

Current Claim # E1111111112

02/12/04		99212	1	52.47					0.00							G75
02/16/04		99212	1	52.47					0.00							G75
Current Claim Total				104.94					0.00							

G75: Claim/charges billed in error.

Total Traditional Medical Adjusted Claims

Billed Amount	Allowed Amount	Contract. Adjustmnt	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid
104.94							64.58	64.58



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PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL BALANCE FORWARD	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
0.00	- 116.74	- 0.00	+ 116.74	+ 0.00	0.00	

SUMMARY OF PAYMENT REDUCTIONS

41 Provider No.	42 Patient Account No.	43 Claim No.	44 Original Refund Amount	45 Amount Previously Recovered	36 Amount Recovered On This Voucher	37 Balance Remaining	46 Original Voucher Date	47 Message Code

48 TR6: This claim has been coordinated with your primary insurance coverage.
PSS: The charge exceeds the allowed amount for this service.