The following pages describe each column of the payment voucher. Any questions you may have regarding a payment made should be directed to our customer service department. Refer to the following pages for a sample voucher.

1. This lists who the check is made payable to.
2. This is your Provider Identification Number assigned to you by Regence BlueShield of Idaho and is helpful to have available when calling about voucher questions.
3. The date voucher was printed.
4. The check number being issued to you for services itemized on the voucher.
5. The voucher number assigned by the system for each voucher.
6. This identifies the product the member is on. The voucher organizes the adjustments and payments by product type.
7. The Customer Service 800 number to call with questions.
8. Patient name.
9. Insured name: This is the name of the member who applied for coverage.
10. The group identification number that the insured and patient belong to.
11. The patient's claim number assigned by Regence BlueShield of Idaho when the claim is received.
12. The patient's account number you assigned.
13. The member's insurance identification number with Regence BlueShield of Idaho.
14. The product the member is on (this should always be the same as number 6).
15. Del Prov: The health-care professional delivering the services.
16. Dates of service for the claim.
17. Proc. Code & Modifier: Lists the procedure code for the service and any modifiers if they were billed. For dental professionals, this is the column that will show the tooth number.
18. Units: The number of units billed for the service.
19. Billed amount: The amount billed for the service.
20. Allowed amount: The amount Regence BlueShield of Idaho allows for this service.
21. Contractual Adjustment: The amount over the allowable for this service. You are responsible for this amount. (In some cases to balance the voucher there could be a negative amount (-) in this column. In these cases, you are not responsible for the negative (-) amount.)
22. Paid By Others: Used to show payments made by the primary insurance carrier.
23. Risk Withhold: Used for some of our government contracts only.
24. Amount Paid: The amount Regence BlueShield of Idaho is paying for this service.

Patient Responsibility Columns 25-29 are the responsibility of the patient.

25 Deductible: The amount applied to the patient's deductible; this is the patient's responsibility.

26 Copay: The patient's portion he or she is responsible for at the time services are rendered. This is a set amount and not a percentage of the allowable. Example: $20 copayment for each office visit.

27 Coinsurance: The patient's portion he or she is responsible for when a claim is paid. This is a percentage of the amount allowed. Example: $100.00 charge, we pay 80%, patient pays 20% up to his/her stop loss limit.

28 Non-covered charges: The charge is not a covered benefit and is the patient's responsibility in full.

29 Total: This is the total of the Patient Responsibility columns 25-29.

30 Interest paid: If interest is paid on a claim, the amount will show in this column.

31 Message Code: If a message code has been assigned to the claim or line item, the 3-digit code will appear here.

31a The short description of the 3-digit message code showing in box 31.

32 Claim Total: Summarizes all of the charges submitted on each claim.

33 Total BlueCard PPO Adjusted Claims: Summarizes all of the charges submitted by product.

34 Voucher Total: This is an accumulation of each positive "Amount Paid" column (number 24 on each page), including any additional payments made from an adjustment.

35 Amount Previously Paid: Total of all original claim paid amounts when being adjusted. This is the total of all paid amounts with a negative sign by it; the amount we paid on the original claim on a previous voucher.

36 Amount Recovered This Voucher: The amounts that will populate this field are any reductions listed under the Summary of Payment Reductions section of the voucher. If a claim is listed under the Summary of Payment Reductions section, the claim will not be in the body of that same voucher. This means that the claim adjustment is in the body of the previous voucher and created a Balance Forward.

37 Total Balance Forward: This is a new field, replacing the Overpayment Balance Remaining field. Balance Forwards are claim adjustments where the amount we're deducting cannot be taken off that voucher. Example: There's not enough money going out to the provider, so we create a Balance Forward, to be taken off the next time we have money going out to the provider. When it is actually deducted from the voucher, the claim will show up on the last page under the Summary of Payment Reductions section.

38 Total Interest: This is the total of all of the voucher's "Interest Paid" columns, explained in item number 30 above.

39 Check Amount: The amount of your check that is attached to your voucher for payment, when applicable.

40 Check Date: The date the check was issued to you.

Summary of Payment Reductions (See sample voucher #2): This will detail the amount deducted from your voucher on claims adjustments that resulted in a reduction of payment to you from a previous voucher where there was not enough money to recover from the original adjustment.

41 Provider Number: The individual provider number the claim was adjusted on.

42 Patient Account No.: The patient account number submitted on the original claim.

43 Claim No.: The original claim number assigned to your claim.

44 Original Refund Amount: The total amount we are taking back on this claim.

45 Amount Previously Recovered: Any amount recovered on the claim prior to this voucher will show in this column.

46 Original Voucher Date: This is the date the claim was originally processed and can be used by you for reference.

47 Message Code: If a message code has been assigned to the claim or line item, the 3-digit code will appear here.

48 Summary of message code descriptions not displayed on the voucher.