

MAIL HANDLERS BENEFIT PLAN
 PO BOX 24503
 TUCSON, AZ 85734

REMITTANCE
 ADVICE

NIGEL SMITH DC
 203 E ROYAL RD #102
 BROADVIEW HEIGHTS, NJ 441474038

NPI #:
 PAGE #: 1
 DATE: 2006-11-29
 CHECK/EFT #: 2012229997

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME REED, SAM.												
INSURED NAME REED, LYNN												
		1115 111506		1	98941		68.00				CO-45	38.22
											PR-1	5.00
		1115 111506		1	97010		20.00				CO-45	17.00
		1115 111506		1	97014		24.00				CO-45	17.00
PT RESP		5.00			CLAIM TOTALS		112.00	0.00	5.00	0.00		72.22
ADJ TO TOTAL:					INTEREST:				LATE FILING CHARGE:			NET: 72.22
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	112.00	0.00	5.00	0.00	34.78	72.22		72.22

CO-45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability) This change effective 3/1/2016: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

PR-1 Deductible Amount