Reference Guide For
Orlando Health Team Member Health Plan

WHATS NEW FOR 2019?		
• Orlando Health Welcomes United Medical Resources (UMR) as the new third party administrators for Orlando Health Team Member plan • Health Choice is now Orlando Health Network (OHN). • Orlando Health Network (OHN) has new ID cards.		

PATIENTS		
VERIFY PATIENT ELIGIBILITY	CONTACT	WEBSITE
Patient benefits and covered services Request precertification for services Review medical or pharmacy coverage, guidelines and payment policies Obtain information about organ and tissue transplant network	844-614-8435	Provider.umr.com

PROVIDER CLAIMS		
Check/submit claims Provider appeals/ payments Verify patient eligibility	844-614-8435 UMR EDI 39026 PO Box 30541 Salt Lake City, UT 84130-0541	Provider.umr.com

PHARMACY		
View prescription drug list Request an exception to the prescription drug list Specialty Pharmacy Services (specialty medications administered by injection or infusion and certain oral medications)	OptumRx 844-614-8435	Provider.umr.com

OTHER		
OBA-Orlando Behavioral Administrators (Behavioral Health)	407.637.8075	
Cigna Dental	800.244.6224	www.cigna.com
EyeMed Vision	866.804.0982	www.eyemed.com

Orlando Health Network		
Request provider fee schedule Submit or inquire about professional credentialing Request a copy of your contract Update Provider Directory	Tel: 321.843.6700 Fax 321.843.6895 OrlandoHealthNetwork@OrlandoHealth.com	

Reference Guide For
Orlando Health Team Member Health Plan

UMR
A UnitedHealthcare Company

ORLANDO HEALTH HDHP PLAN

ORLANDO HEALTH®

Issuer (80840) 911-39026-02

Member ID: 19830532

Group Number: 76-413548

Member:
BOB SAMPLE 00 MED
Dependents:
SPOUSE SAMPLE 01 MED

OPTUMRx™
Rx BIN: 610127
Rx PCN: 01960000
Rx GRP: 01962791

ORLANDO HEALTH® | Network

0710

Administered by UMR

This card must be presented each time services are requested.   Printed: 09-07-2018

Call UMR Care Management at the customer service number listed on this ID Card for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.
For Members: www.umr.com   844-614-8435
Orlando Health Virtual Visits:
                    virtualvisit.orlandohealth.com
Behavioral Health (OBA):   407-637-8075
For Providers: www.umr.com   844-614-8435

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541
Choice Plus Network: For out of network benefits only.

UnitedHealthcare® Choice Plus Network   First Health®   **ORLANDO HEALTH**® | Virtual Visit

Pharmacists & Members: 877-559-2955

Reference Guide For
Orlando Health Team Member Health Plan

Prior Authorizations Requirements

Services Requiring Prior Authorization	OH Owned Physicians and Facilities	OH Affiliated Physicians and Facilities
Inpatient Hospitalization	NO	*YES*
Inpatient Maternity stays over 48 hours for normal delivery and 96 hours for C-section	NO	*YES*
Inpatient Behavioral Health (acute care)	Refer to Orlando Behavioral Administrators	Refer to Orlando Behavioral Administrators
Transplant and Transplant related services	NO	*YES*
Skilled Nursing Facility (extended care facilities)	NO	*YES*
Residential Treatment	Refer to Orlando Behavioral Administrators	Refer to Orlando Behavioral Administrators
Home Health Care	NO	YES
Partial Hospitalization Program	Refer to Orlando Behavioral Administrators	Refer to Orlando Behavioral Administrators
Intensive Outpatient Treatment	Refer to Orlando Behavioral Administrators	Refer to Orlando Behavioral Administrators
Durable Medical Equipment	*YES*	*YES*
$500 for rental	*YES*	*YES*
$1500 for purchase	*YES*	*YES*
$1000 for prosthetics	*YES*	*YES*
Clinical Trials	*YES*	*YES*
Bariatric Surgery *member must be covered on medical plan for minimum of 12 consecutive months to be eligible for this benefit	*YES*	*YES*
Non-emergent Air Ambulance	*YES*	*YES*
Other: Customer Required		
ABA Therapy	Refer to Orlando Behavioral Administrators	Refer to Orlando Behavioral Administrators
Botox Injections	*YES*	*YES*
Dental Anesthesia	NO	*YES*
Gender Reassignment services and surgeries	*YES*	*YES*
Genetic Testing including breast and ovarian cancer heredity testing	NO	*YES*
Outpatient Behavioral Health	Refer to Orlando Behavioral Administrators	Refer to Orlando Behavioral Administrators
Inpatient Long Term Acute Care (LTAC)	NO	*YES*
Intravenous Immune Globulin (IVIG)	*YES*	*YES*
Jaw Surgeries	*YES*	*YES*
Nasal Surgeries	*YES*	*YES*

Reference Guide For
Orlando Health Team Member Health Plan

Prior Authorization Requirements- Continued

Services Requiring Prior Authorization	OH Owned Physicians and Facilities	OH Affiliated Physicians and Facilities
Outpatient Rehabilitative therapies: Physical Therapy, Occupational Therapy and Speech Therapy *PA required after 16th visit	NO	*YES*
Pediatric feeding program	*YES*	*YES*
Pulmonary Rehabilitation	NO	*YES*
Reconstructive surgeries *Excluding breast reconstruction after mastectomy or to repair burn	NO	*YES*
Specialty medications that are administered in a physician's office exceed $2,000/dose	*YES*	*YES*
Treatment of varicose veins of the extremities (Sclerotherapy)	*YES*	*YES*

Reference Guide For
Orlando Health Team Member Health Plan

ORMC-North Bed Tower
52 W. Underwood St., North Tower
Orlando, FL 32806
Phone: (321) 843-9560   Fax: (321) 843-9561
Hours of Operation:
M-F, 5:30AM-5:00PM
Saturday: varies

Ambulatory Care Center
22 West Underwood St., 2nd floor
Orlando, FL 32806
Phone: (321) 841-5280   Fax: (407) 423-5169
Hours of Operation:
M-F, 6:30AM-3:00PM

Downtown Outpatient Lab
62 W. Columbia Street
Orlando, FL 32806
Phone: (321) 841-5581   Fax: (321) 841-6586
Hours of Operation:
M-F, 6:30AM-5:00PM

Arnold Palmer Hospital for Children
92 W. Miller St., 1st Floor
Orlando, FL 32806
Phone: (321) 841-6574   Fax: (321) 841-6700
Hours of Operation: M-F, 8:00 AM – 4:30 PM
Saturday: 9:00 AM-12:30 PM
Specialty: Infants, Pediatrics

Orlando Health Heart Institute
1222 S. Orange Ave., 1st Floor
Orlando, FL 32806
Phone: (321) 843-5097   Fax: (321) 843-5109
Hours of Operation: M-F, 6:30AM-5:30PM

Dr. P. Phillips Hospital
9400 Turkey Lake Road, 2nd Floor of Tower A
Orlando, FL 32819
Phone: (407) 351-8555   Fax: (407) 354-1233
Hours of Operation:
M-F, 6:00AM-4:00PM
Saturday, 7:00AM-1:00PM

**Orlando Health Medical Pavilion-
Spring Lake Outpatient Lab**
7243 Della Drive. Suite E
Orlando, FL 32819
Phone: (321) 842-0020 Fax: (321) 842-0029
Hours of Operation:
M-Th, 7:00AM -5:00PM
Friday 7:00AM-2:00PM

Oviedo Outpatient Lab
1000 West Broadway Street, Suite 106
Oviedo, FL 32765
Phone: (407) 359-6003   Fax: (407) 365-5714
Hours of Operation:
M-F, 7:00AM-12:00PM
12:30PM- 3:30PM

South Seminole Hospital
555 West S.R. 434, 1st Floor
Longwood, FL 32750
Phone: (407) 767-5803   Fax: (407) 767-5686
Hours of Operation: 6:00 AM-10:30 PM, 7 days a
week

Leesburg Highland Lakes Outpatient Lab
26540 Ace Avenue, Suite 103
Leesburg, FL 34748
Phone: (352) 314-3074   Fax: (352) 314-3077
Hours of Operation:
M-F, 6:00AM-12:00PM
12:30PM -2:30PM

Health Central Outpatient Lab
10000 W Colonial Drive
Ocoee, FL 34761
Phone: (407) 296-1134   Fax: (407) 253-1674
Hours of Operation:
M-F, 6:30AM-5:00PM
Saturday: 8:00AM-12:00PM

South Lake Hospital Main Campus Lab
1900 Don Wickham Dr.
Clermont, FL 34711
Phone: (352) 394-4071 ext. 8181
Hours of Operation:
M-F, 6:00AM-5:00PM
Saturday, 7:00AM - 12:00PM

Reference Guide For
Orlando Health Team Member Health Plan

Orlando Health Hospitals

Arnold Palmer Hospital for Children 92 W Miller St Orlando, FL 32806 **Call:** 321.843.7777	**Dr. P. Phillips Hospital** 9400 Turkey Lake Rd Orlando, FL 32819 **Call:** 407.351.8500
Health Central Hospital 10000 W Colonial Dr Ocoee, FL 34761 **Call:** 407.296.1000	**Orlando Regional Medical Center** 52 W Underwood St Orlando, FL 32806 **Call:** 321.841.5111
South Lake Hospital 1900 Don Wickham Dr Clermont, FL 34711 **Call:** 352.394.4071	**South Seminole Hospital** 555 W SR 434 Longwood, FL 32750 **Call:** 321.842.2000
St. Cloud Regional Medical Center 2906 17th St. St. Cloud, FL 34769 **Call:** 407.892.2135	**Winnie Palmer Hospital for Women & Babies** 83 W Miller St Orlando, FL 32806 **Call:** 321.843.1110

Reference Guide For
Orlando Health Team Member Health Plan

CareSpot
CareSpot Urgent Care centers offer healthcare services for non-emergent medical problems that can develop unexpectedly and require immediate attention, filling the gap between primary care physicians and hospital emergency rooms.

Altamonte Springs
512 E Altamonte Dr.
Suite #1000
Altamonte Springs, FL 32701
(321) 319-0212

Metro West
2555 S Kirkman Rd
Orlando, FL 32811
(407) 362-2030

Apopka
3840 FL-436
Suite #1000
Apopka, FL 32703
(407) 478-3202

Ocoee
(Orlando Health Express Care)
10959 W Colonial Dr
Units 6 & 8
Ocoee, FL 34761
(407) 554-4590

East Sand Lake
7751 Kingspointe Pkwy
Suite #114
Orlando, FL 32819
(407) 581-9672

South Orange
2323 S Orange Ave
Orlando, FL 32806
(407) 418-9999

Kissimmee
1414 E Osceola Pkwy
Kissimmee, FL 34744
(407) 452-3700

Winter Springs
5355 Red Bug Lake Rd
Winter Springs, FL 32708
(321) 304-3300

Lake Mary
136 Parliament Loop
Suite #1020
Lake Mary, FL 32746
(407) 333-0160

Oviedo
968 W Mitchell Hammock Rd
Suite #1050
Oviedo, FL 32765
(407) 871-6639

UMR commonly reviewed services
July 2012

The following is UMR's standard list of commonly referred services requiring prior authorization review for medical necessity. Please note, this is not an all-inclusive list. UMR conducts reviews according to customer requirements outlined in their plan document. If the plan excludes the service or otherwise provides no benefit, the claim will be appropriately denied.

- Applied behavioral analysis (ABA) therapy for autism
- Artificial disc
- Bariatric services: gastric bypass surgery, Roux-en-Y, jejunostomy, stomach staple
- Blepharoplasty, levator resection, eyelid surgery
- Biofeedback
- Breast reduction, reduction mammoplasty, and gynecomastia
- Botox injections
- Calcium heart scoring, electron-beam computer tomography (EBCT), heart scan, computed tomography angiography (CTA), cardiac computed tomography (cardiac CT)
- Clinical trials
- Cosmetic procedures
- Durable medical equipment (DME)
- Extracorporeal shockwave therapy (ESWT) and OssaTron Orthotripsy
- Experimental procedures and procedures that are not considered standard of care
- Genetic testing
- Growth hormone
- Hormone pellets
- Hyperbaric oxygen therapy (HBO)
- Hyperthermic chemotherapy
- Implanted devices: spinal cord stimulator, peripheral nerve stimulator, cochlear implant, bone growth stimulators, vagal nerve stimulators, etc.

- Intradiscal electrothermal treatment (IDET)
- Intravenous immunoglobulin (IVIG)
- Laser-assisted uvulopalatoplasty (LAUP)
- Neutron beam radiation therapy
- Obesity and morbid obesity
- Orthoptic training and vision therapy
- Panniculectomy, abdominoplasty, tummy tuck
- Platelet-rich plasma fat tissue graft
- Prolotherapy
- Proton beam radiation therapy
- Radiofrequency ablation (RFA)
- Reconstructive surgeries
- Rhinoplasty, septorhinoplasty, external nasal surgery, combination rhinoplasty surgeries
- Scar revision
- SIR-Spheres/selective internal radiation therapy (SIRT).
- Somnoplasty and tongue reduction (often done for snoring)
- Synagis/RSV vaccine
- Therapies: occupational, physical, and speech. Only refer for review if the plan specifically requires review. Initial evaluations for therapy do not require review.
- UPPP, UP3, uvulopalatopharyngoplasty
- Varicose vein procedures
- Virtual colonoscopy

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The following services do not require review:

- Biopsies
- Claims under $200: Unless the service is possibly experimental or therapies that require review
- Hyalgan, Supartz, Synvisc, Euflexxa, and Orthovisc: for osteoarthristis of the knee only. All other diagnosis codes require review.
- Lab, surgical pathology, and diagnostic testing
- Lupron, for the following diagnosis:
  - o Endometriosis
  - o Prostate cancer
- Office visits and initial evaluations
- Remicade, for the following DX codes:
  - o Rheumatoid arthritis
  - o Crohn's disease
  - o Ankylosing spondylitis
  - o Psoriatic arthritis
  - o Ulcerative colitis
- Septoplasty for deviated nasal septum. All other diagnosis codes require review.
- Medicare is primary and has paid for services

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Provider Online Services *from UMR*

UMR has made finding claim and benefit information for your patients quick and easy. At **umr.com**, you can view claims and benefit information including:

- Explanations of benefits (EOBs)
- Eligibility and benefit information
- Status updates on medical deductibles, out-of-pocket and lifetime maximum amounts

Getting Started

To get started using online services:

1. Visit **www.umr.com**.

2. Select "**providers**."

3. Click "**Need a username? Register here**."

4. Complete the online registration form and click "**Submit**".

5. Enter your Tax ID number and provider name. You may view only claims associated with that Tax ID.

Viewing Member Information

After you have logged in, you can easily access member information. Select the tab for the type of claim information you would like to view.

1. Enter the member's Social Security number or member ID in the Patient Lookup box and click "**Search**."

2. Select the radio button next to the appropriate family member.

3. Click "**Select Member**" to display the claim and benefit information for the selected individual in the windows below.

4. Click "**View More**" in the appropriate window to view additional information.

Need a Form?

Download frequently used forms under myTools.

Need to Prior Notification for a Procedure?

Click **"Notification Request"** under myTools and complete the form.

Need Help?

- If you experience technical issues or are have difficulty registering, please contact our technical support team at **1-866-922-8266**.

- If you have questions about claims or benefits, click the "**Provider Service Center**" link. The Provider Service Center link is displayed on the bottom of the Eligibility and Benefit Inquiry or Claim Inquiry screen after you have searched for a member's claim or benefit information. You will receive a pass code that you can use when you contact us by phone to bypass the Provider Self-Service system—connecting you to a customer service representative.

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How to **Read Your EOB**

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UMR

PO Box 30541 Salt Lake City, UT 84130-0541
1-866-684-8090
www.umr.com

SAMPLE

Page
Dist Code

❶

Employee	Joe Patient
Member Number	999999999
Patient	Joe Patient
Notice Date	02-01-11
Employer Name	Customer Inc.
Employer Number	7670-00-999999

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

❷ **Provider: Physician,Joe,MD**   **❸** **Patient Account: 05050505aa**   **❹** **Claim Control Number: 11171769999**

Service Description	Dates of Service From:	To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
99283 - Emergency Care	01-01-11	01-01-11	$100.00	$25.00	908	$50.00	$25.00	80	$20.00	$20.00	$55.00
❺	**❻**		**❼**	**❽**	**❾**	**❿**	**⓫**	**⓬**	**⓭**	**⓮**	**⓯**
⓰	TOTALS		**$100.00**			**$50.00**	**$25.00**		**$20.00**	**$20.00**	**$55.00**

Note Section
908   Provider negotiated discount. You are not responsible for this amount.

⓱

Payment To: XYZ Clinic   **Payment Date:** 02-01-11   **Payment Amount:** $20.00

Benefit Period	Benefit Level	Applied To Date
01-01-11	$200 Ind Cal Yr Deductible	**$200.00**Met
01-01-11	$400 Fam Cal Yr Deductible	**$300.00**
01-01-11	$400 Ind Out-Of-Pocket	**$205.00**
01-01-11	$800 Fam Out-Of-Pocket	**$305.00**

⓲

UM0088CPS

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❶ Fields include member information under which the claim was processed.

❷ Hospital, physician or other health care provider that performed the services.

❸ Account number assigned by the hospital, physician or other health care provider.

❹ UMR assigns a unique claim control number to each claim received.

❺ Services and/or procedures that were performed by the hospital, physician or other health care provider.

❻ Dates(s) services were performed by the hospital, physician or other health care provider.

❼ Amount charged for the services by the hospital, physician or other health care provider.

❽ Charges not allowed according to the Plan – see comment code.

❾ Refers to codes used to explain charges that were not allowed – see Notes Section.

❿ Amount applied to the deductible.

⓫ Charges allowed for payment – this is the difference between the "Amount Billed" and the "Amount Not Payable" and/or "Less Deductible" columns.

⓬ Percentage at which the Allowable charges are paid.

⓭ Amount actually payable by the Plan.

⓮ Amount that UMR paid to the provider.

⓯ Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.

⓰ Explains codes provided in the "See Notes Section" column. Lists the specific code and its definition.

⓱ List of individuals or organizations to whom checks were issued.

⓲ Provides benefit period and benefit levels, amounts applied to individual/family deductibles, out-of-pocket and lifetime maximums, if applicable.

Cover Page Explanations:

⑲ UMR toll-free telephone number for members to call with questions regarding the Explanation of Benefits.

⑳ Web Site address for members to access regarding eligibility and claim information.

㉑ Indicates the specific time frame for members to file appeals. This information is provided in the members' SPD (Summary Plan Description). Also indicates the members' right to file civil action.

㉒ Indicates the telephone number for members to call with questions regarding appeal rights.

㉓ Available for non-grandfathered only. Indicates the specific time frame for a member to file an appeal request using an external, independent, third party.

㉔ Indicates the toll-free telephone number for members to call if they suspect illegal activity regarding claims.

UMR

PO BOX 30541
Salt Lake City. UT 84130-0541

SAMPLE

JOE PATIENT
123 ABC LANE
ANYTOWN USA 99999-9999

⑲ <u>**QUESTIONS / CONCERNS**</u> Contact 1-800-826-9781.

⑳ <u>**INTERNET:**</u> Online services are available 24 hours a day at www.umr.com.

㉑ <u>**APPEAL:**</u>
You may file an appeal of the claim decision by sending a written request and pertinent information within 180 days from the date of this Notice to **"Claims Appeal Unit, P.O. Box 30546, Salt Lake City, UT 84130-0546".** Refer to your current benefit booklet for information on the appeal process. After you have exhausted the mandatory appeal levels that are described in your benefit booklet, you have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act(ERISA).

㉒ <u>**OTHER RESOURCES TO HELP YOU**</u>
For questions about your appeal rights, this notice, or for assistance you can contact the Employee Benefits Security Administration at 866-444-EBSA (3272).

㉓ <u>**EXTERNAL REVIEW OPTION**</u>
If we continue to deny the payment, coverage or service requested, or if you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. Your written request must be received by UMR within four (4) months of the date you receive this notice.

㉔ <u>**HELP STOP FRAUD!**</u> If you know or suspect any illegal activity concerning claims, contact our anti-fraud unit by calling 1-800-356-5803. You do not need to identify yourself.

Refer to your benefit booklet for more details on Claim determination.
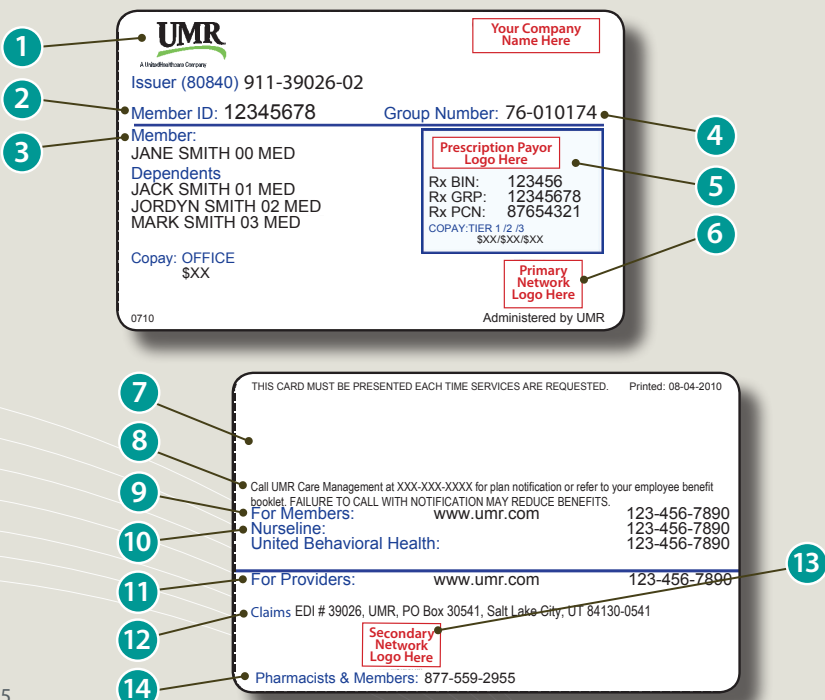

UMR ℠

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How to Read Your ID Card

1. Your medical benefits claims payer.

2. Your member identification number.

3. Primary and covered dependents information.

4. The group number assigned to your employer.

5. Your prescription drug claims payor and plan information (used by the pharmacist to process your claims).

6. Your primary medical provider network. If your health care provider is a member of the network, you'll receive discounted rates for the services you receive.

7. Magnetic barcode/strip your provider can scan to transfer your data electronically. Includes the following imbedded and encoded information: your name, names of your covered dependents, member number, group name, group number, pharmacy number, Rx BIN and provider network.

8. If you have questions about care management or notification requirements, call this number or refer to your benefit booklet.

9. Your member customer service Web site and phone number.

10. Nurseline phone number for 24/7 assistance (if applicable).

11. Customer service Web site and phone number for providers' use.

12. Instructions for mailing medical claims. You and your provider will use this information when filing your claims.

13. Your secondary network, if you need to receive medical services while traveling outside your primary network area.

14. Customer service phone number for your pharmacist's use.

UMRSM

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Your Company Name Here

Issuer (80840) 911-39026-02

Member ID: 12345678   Group Number: 76-010174

Member:
JANE SMITH 00 MED
Dependents
JACK SMITH 01 MED
JORDYN SMITH 02 MED
MARK SMITH 03 MED

Prescription Payor Logo Here

Rx BIN: 123456
Rx GRP: 12345678
Rx PCN: 87654321
COPAY: TIER 1 /2 /3
        $XX/$XX/$XX

Copay: OFFICE
        $XX

Primary Network Logo Here

0710   Administered by UMR

THIS CARD MUST BE PRESENTED EACH TIME SERVICES ARE REQUESTED.   Printed: 08-04-2010

Call UMR Care Management at XXX-XXX-XXXX for plan notification or refer to your employee benefit booklet. FAILURE TO CALL WITH NOTIFICATION MAY REDUCE BENEFITS.
For Members: www.umr.com   123-456-7890
Nurseline: 123-456-7890
United Behavioral Health: 123-456-7890

For Providers: www.umr.com   123-456-7800

Claims EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Secondary Network Logo Here

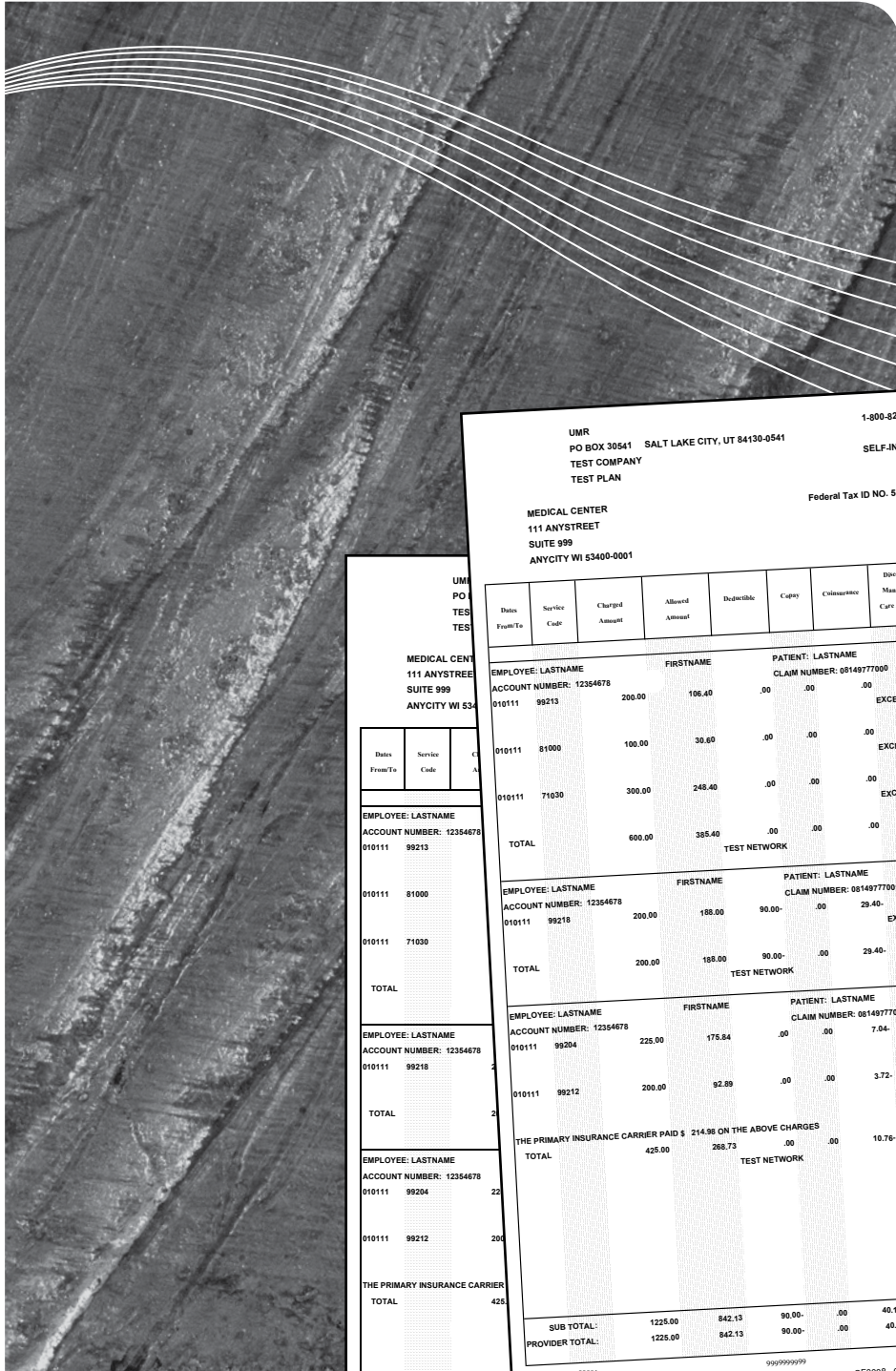Pharmacists & Members: 877-559-2955

CAT #FS0085

Explanation *of* Remittance Advice

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SAMPLE

UMR
PO BOX 30541   SALT LAKE CITY, UT 84130-0541
TEST COMPANY
TEST PLAN

SELF-INSURED

1-800-826-9781

Federal Tax ID NO. 55-5555555

MEDICAL CENTER
111 ANYSTREET
SUITE 999
ANYCITY WI 53400-0001

Visit our web-site at
www.umr.com
to obtain eligibility, benefit, and
claim information on behalf of your
patients 24 hours/day, 7 days/week.

Dates From/To	Service Code	Charged Amount	Allowed Amount	Deductible	Copay	Coinsurance	Discount Managed Care Adjust	Ineligible	Withheld	OC	OC	ANSI Code	Paid	Respon

EMPLOYEE: LASTNAME FIRSTNAME PATIENT: LASTNAME FIRSTNAME
ACCOUNT NUMBER: 12354678 CLAIM NUMBER: 08149777000

ID# 999999999

010111	99213	200.00	106.40	.00	.00		.00	.00 EXCESS U & C			.00	01	106.40	
010111	81000	100.00	30.60	.00	.00		.00	.00 EXCESS U & C					45	
010111	71030	300.00	248.40	.00	.00	.00	.00	.00 EXCESS U & C						
TOTAL		600.00	385.40	.00	.00	.00	.00	214.						

TEST NETWORK

EMPLOYEE: LASTNAME FIRSTNAME PATIENT: LASTNAME FIRSTNAME
ACCOUNT NUMBER: 12354678 CLAIM NUMBER: 08149777001

010111	99218	200.00	188.00	90.00-	.00	29.40-		.00 EXCESS U & C	12.00-	.00	01			131.40
											45		68.60	131.40
TOTAL		200.00	188.00	90.00-	.00	29.40-		.00	12.00-	.00				

TEST NETWORK

EMPLOYEE: LASTNAME FIRSTNAME PATIENT: LASTNAME FIRSTNAME ID# 999999999
ACCOUNT NUMBER: 12354678 CLAIM NUMBER: 08149777000

010111	99204	225.00	175.84	.00	.00	7.04-		.00	49.16-	.00	01		28.13	7.04
									ASSIGNMENT ACCEPTED		45			
010111	99212	200.00	92.89	.00	.00	3.72-		.00	107.11	.00	01		14.86	3.72
									ASSIGNMENT ACCEPTED		45			
THE PRIMARY INSURANCE CARRIER PAID $ 214.98 ON THE ABOVE CHARGES													42.99	10.76
TOTAL		425.00	268.73	.00	.00	10.76-		.00	156.27	.00				

TEST NETWORK

| SUB TOTAL: | | 1225.00 | 842.13 | 90.00- | .00 | 40.16- | | .00 | 382.87- | .00 | | | 428.39 | 356.76 |
| PROVIDER TOTAL: | | 1225.00 | 842.13 | 90.00- | .00 | 40.16 | | .00 | 382.87- | .00 | | | 428.39 | 356.76 |

CD999 01000000001   9999999999   CF0038 06-04

Explanation *of* Remittance Advice

❶ Remittance Advice for Period Ending: Last day of the week for the period covering the claims listed on this particular remittance advice.

❷ Identifying Plan Header: Header that identifies organizational plan (per OPI or Plan) that patients are associated with. Header includes name, address and return telephone number.

❸ Plan Name: The plan name that the patients are associated with.

❹ Employer Name: The company name the patients are associated with.

❺ Provider Name and Address: The provider's name and address.

❻ Federal Tax ID No.: The provider's federal tax ID number.

❼ Dates From/To: Displays the first date of service through the last date of service for services performed.

❽ Service Code: CPT/HCPCS procedure code (hospital charges will display as 00000).

❾ Charged Amount: Total amount charged per service (hospital per diem charges will display on one line with one total charge amount).

❿ Allowed Amount: Total amount of charge considered for payment.

⓫ Deductible: The portion of the charge applied to the patient's deductible, if applicable.

⓬ Co-pay: The portion of the charge applied to the patient's co-pay, if applicable.

⓭ Coinsurance: The portion of the charges applied to the patient's coinsurance, if applicable.

⓮ Discount Managed Care Adjust: Includes the amount of provider's negotiated discount and the amount not allowed per contracted fees (difference between the actual charge amount and the contracted allowable amount).

⓯ Ineligible: Amount not allowed due to plan provisions.

⓰ Withheld: The portion of the approved charge that is withheld based upon negotiated rates.

⓱ OC: Number of occurrences per line of service.

⓲ ANSI Code: American Standard Institute (ANSI) code provides reason why charges are not allowed.

⓳ Paid: Amount paid to provider per line of service (amount may differ from amounts paid on EOB due to withhold amounts).

⓴ Patient Responsibility: Amount the patient is responsible for paying per line of service.

㉑ Employee: The employee's name (last name, first name, middle initial).

㉒ Patient: The patient's name (last name, first name, middle initial).

㉓ Cert No.: The employee's Social Security number or system assigned certificate number.

㉔ Account Number: The patient's account number, submitted by the provider of service.

㉕ Claim Number: The internal claim control number.

㉖ Total: Total amounts per column.

㉗ The Primary Insurance Paid: If applicable, displays the total amount the patient's primary insurance paid on the claim.

㉘ Subtotal: Subtotals for columns if pages follow.

㉙ Provider Total: Total combined amounts for each provider, displayed on final page.

㉚ CP Number: Banking source code (specific to each customer).

㉛ Internal Number: Ten-digit internal sequence number matching the remittance advice to the appropriate payment check.

㉜ Plan Administrator Web Site Address

(1) Remittance Advice for Period Ending 01-06-2011

(2) UMR   1-800-826-9781

PO BOX 30541   SALT LAKE CITY, UT 84130-0541

(3) TEST COMPANY   SELF-INSURED

(4) TEST PLAN

(5) MEDICAL CENTER   (6) Federal Tax ID NO. 55-5555555

111 ANYSTREET

SUITE 999

ANYCITY WI 53400-0001

SAMPLE

(32) Visit our web-site at **www.umr.com** to obtain eligibility, benefit, and claim information on behalf of your patients 24 hours/day, 7 days/week.

(7) Dates From/To	(8) Service Code	(9) Charged Amount	(10) Allowed Amount	(11) Deductible	(12) Copay	(13) Coinsurance	(14) Discount Managed Care Adjust	(15) Ineligible	(16) Withheld	(17) OC	(18) ANSI Code	(19) Paid	(20) Patient Responsibility
(21) EMPLOYEE: LASTNAME FIRSTNAME				(22) PATIENT: LASTNAME FIRSTNAME				(23) ID# 999999999					
(24) ACCOUNT NUMBER: 12354678				CLAIM NUMBER: 08149777000 (25)									
010111	99213	200.00	106.40	.00	.00	.00	.00	93.60-	.00	01		106.40	93.60
							EXCESS U & C				45		
010111	81000	100.00	30.60	.00	.00	.00	.00	69.40-	.00	01		30.60	69.40
							EXCESS U & C				45		
010111	71030	300.00	248.40	.00	.00	.00	.00	51.60-	.00	01		248.40	51.60
							EXCESS U & C				45		
(26) TOTAL		600.00	385.40	.00	.00	.00	.00	214.60-	.00			385.40	214.60
				TEST NETWORK									
EMPLOYEE: LASTNAME FIRSTNAME				PATIENT: LASTNAME FIRSTNAME				ID# 999999999					
ACCOUNT NUMBER: 12354678				CLAIM NUMBER: 08149777001									
010111	99218	200.00	188.00	90.00-	.00	29.40-	.00	12.00-	.00	01		68.60	131.40
							EXCESS U & C				45		
TOTAL		200.00	188.00	90.00-	.00	29.40-	.00	12.00-	.00			68.60	131.40
				TEST NETWORK									
EMPLOYEE: LASTNAME FIRSTNAME				PATIENT: LASTNAME FIRSTNAME				ID# 999999999					
ACCOUNT NUMBER: 12354678				CLAIM NUMBER: 08149777000									
010111	99204	225.00	175.84	.00	.00	7.04-	.00	49.16-	.00	01		28.13	7.04
							ASSIGNMENT ACCEPTED				45		
010111	99212	200.00	92.89	.00	.00	3.72-	.00	107.11	.00	01		14.86	3.72
							ASSIGNMENT ACCEPTED				45		
(27) THE PRIMARY INSURANCE CARRIER PAID $ 214.98 ON THE ABOVE CHARGES													
TOTAL		425.00	268.73	.00	.00	10.76-	.00	156.27	.00			42.99	10.76
				TEST NETWORK									
(28) SUB TOTAL:		1225.00	842.13	90.00-	.00	40.16-	.00	382.87-	.00			428.39	356.76
(29) PROVIDER TOTAL:		1225.00	842.13	90.00-	.00	40.16	.00	382.87-	.00			428.39	356.76

(30) CD999 (31) 01000000001   9999999999

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