



Capstone Health Plan, Inc.
 914 N. San Francisco St., Suite A
 Flagstaff, AZ 86001
 (928) 779-2113

Provider Remittance Advice

JONATHAN SMITH, MD (Tax# 860000000)
 100 N. Front Street, Prescott, AZ 86301

Pay Date : July 30, 2003
 Program: DES

SMITH, JONATHAN

Line	DOS From	DOS To	Rev Code	CPT	Mod	Amt Billed	Contract Discount	Contract Amt	CoPay	COB Eligible	COB Amt	Benefit Amt	Discount /Penalty	Amt Paid	Cap / FFS
1	DOE, JOHN J ID#600000000		Claim 0319800057			Status PAID			Patient # 00006801						
1	6/16/03	06/16/03	99394	25		124.00	99.20	24.80	0.00	153.60	64.36	6.97	0.00	6.97	FFS
2		06/16/03	99213			68.00	39.40	28.60	0.00	153.60	74.24	8.03	0.00	8.03	FFS
<u>Additional Claim Explanation</u>						192.00	138.60	53.40	0.00	307.20	138.60	15.00	0.00	15.00	
2	DOEY, JANE J ID#600000001		Claim 0319100027			Status PAID			Patient # 140101						
1	6/10/03	06/10/03	99213	1		68.00	37.91	30.09	0.00	50.55	37.91	12.64	0.00	12.64	FFS
<u>Additional Claim Explanation</u>						68.00	37.91	30.09	0.00	50.55	37.91	12.64	0.00	12.64	
3	JOHNSON, JACK ID#A12345678		Claim 0319800052			Status PAID			Patient # 00497801						
1	7/07/03	07/07/03	99215			156.00	33.15	122.85	0.00	0.00	0.00	122.85	0.00	122.85	FFS
<u>Additional Claim Explanation</u>						156.00	33.15	122.85	0.00	0.00	0.00	122.85	0.00	122.85	
4	JOHNSON, JACK ID#A12345678		Claim 0319800053			Status PAID			Patient # 00497801						
1	5/19/03	05/19/03	99215	25		156.00	33.15	122.85	0.00	0.00	0.00	122.85	0.00	122.85	FFS
2		05/19/03	51701			107.00	107.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	FFS
3		05/19/03	99000			20.00	6.64	13.36	0.00	0.00	0.00	13.36	0.00	13.36	FFS



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4	05/19/03	81002		19.00	15.25	3.75	0.00	0.00	0.00	3.75	0.00	3.75	FFS
<u>Additional Claim Explanation</u>				302.00	162.04	139.96	0.00	0.00	0.00	139.96	0.00	139.96	
5	JOHNSON, JACK	ID#A12345678	Claim 0319100028	Status DENIED	Patient # 665301								
1	7/01/03	07/01/03	99214	106.00	106.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	FFS
<u>Additional Claim Explanation</u>				106.00	106.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ICD-9 diagnosis code is not valid on DOS													
6	DOE, JOHN J	ID#600000000	Claim 0319100029	Status PAID	Patient # 1001								
1	7/01/03	07/01/03	99213	68.00	15.07	52.93	0.00	0.00	0.00	52.93	0.00	52.93	FFS
2		07/01/03	87880	31.00	2.00	29.00	0.00	0.00	0.00	29.00	0.00	29.00	FFS
<u>Additional Claim Explanation</u>				99.00	17.07	81.93	0.00	0.00	0.00	0.00	81.93	81.93	
7	DOE, JOHN J	ID#600000000	Claim 0319800056	Status PAID	Patient # 00001001								
1	7/09/03	07/09/03	99394 25	124.00	16.75	107.25	0.00	0.00	0.00	0.00	107.25	107.25	FFS
2		07/09/03	99214	106.00	23.42	82.58	0.00	0.00	0.00	0.00	82.58	82.58	FFS
3		07/09/03	81002	19.00	15.25	3.75	0.00	0.00	0.00	0.00	3.75	3.75	FFS
<u>Additional Claim Explanation</u>				249.00	55.42	193.58	0.00	0.00	0.00	0.00	193.58	193.58	
8	DOEY, JANE J	ID#600000001	Claim 0319100031	Status PAID	Patient # 677600								
1	7/03/03	07/03/03	99394	124.00	16.75	107.25	0.00	0.00	0.00	0.00	107.25	107.25	FFS
2		07/03/03	81002	19.00	15.25	3.75	0.00	0.00	0.00	0.00	3.75	3.75	FFS
<u>Additional Claim Explanation</u>				143.00	32.00	111.00	0.00	0.00	0.00	0.00	111.00	111.00	



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Line	Member Name	ID#	Claim #	Status	Patient #	DRG	Rate	Chrg	Net	Adj	Pay	FFS
9	DOEY, JANE J	ID#600000001	Claim 0319100030	Status PAID	Patient # 498402							
1		5/30/03 05/30/03	99393 25	113.00	90.40	22.60	0.00	231.00	90.40	22.60	0.00	22.60 FFS
2		05/30/03	99213	68.00	54.40	13.60	0.00	231.00	54.40	13.60	0.00	13.60 FFS
3		05/30/03	87880	31.00	24.80	6.20	0.00	231.00	24.80	6.20	0.00	6.20 FFS
4		05/30/03	81002	19.00	15.25	3.75	0.00	231.00	15.20	3.80	0.00	3.80 FFS
<u>Additional Claim Explanation</u>				231.00	184.85	46.15	0.00	924.00	184.80	46.20	0.00	46.20
10	DOEY, JANE J	ID#600000001	Claim 0319800054	Status PAID	Patient # 00074401							
1		7/07/03 07/07/03	99214	106.00	23.42	82.58	0.00	0.00	0.00	0.00	82.58	82.58 FFS
<u>Additional Claim Explanation</u>				106.00	23.42	82.58	0.00	0.00	0.00	0.00	82.58	82.58
11	DOEY, JANE J	ID#600000001	Claim 0319800055	Status PAID	Patient # 000744.01							
1		7/09/03 07/09/03	99223	204.00	34.92	169.08	0.00	0.00	0.00	169.08	0.00	169.08 FFS
2		7/10/03 07/10/03	99233	262.00	90.54	171.46	0.00	0.00	0.00	171.46	0.00	171.46 FFS
3		7/11/03 07/11/03	99291	269.00	39.15	229.85	0.00	0.00	0.00	229.85	0.00	229.85 FFS
4		07/11/03	99292	278.00	46.18	231.82	0.00	0.00	0.00	231.82	0.00	231.82 FFS
<u>Additional Claim Explanation</u>				1,013.00	210.79	802.21	0.00	0.00	0.00	0.00	802.21	802.21



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Check #	58004
Amt Billed	2,665.00
Contract Discount	1,001.25
Contract Amt	1,663.75
Copay/Deductions	0.00
COB Adjustment	55.80
Benefit Amt	1,607.95
Pay Disc or Penalty	0.00
Advance Amt Applied	0.00
Refund Amt	0.00
Check Amt	1,607.95

IF YOU FEEL THAT AN ERROR HAS BEEN MADE IN YOUR PAYMENT, PLEASE CONTACT THE CLAIMS DEPARTMENT OF CAPSTONE HEALTH PLAN AT (928)779-2113 EXT. 113.

Corrections and Informal Issue Resolution:

Please resubmit corrected claim(s) with a copy of this remittance advice to the following address:

Capstone Health Plan, Inc.

Attention: Claims Department
914 N. San Francisco St. Suite A
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Formal Grievance Process:

If you disagree with this intended action, you may request an Administrative Review. To do so, you must file a written request for review within 60 days of the date of this notice. You may mail or deliver your written request to:

Mailing Address:

Department of Economic Security
Division of Developmental Disabilities
Compliance and Review Unit
PO Box 6123
Site Code 791A
Phoenix, AZ 85005

Physical Address:

Compliance and Review Unit
Division of Developmental Disabilities
1789 W. Jefferson
4th Floor, SE Corner
Phoenix, AZ 85007