

# CAPSTONE HEALTH PLAN

A Special Plan for Special Needs

Capstone Health Plan  
 914 N. San Francisco St., Ste. A  
 Flagstaff, AZ 86001  
[www.nazcap.com](http://www.nazcap.com)

**PAYEE: JONATHAN SMITH, MD**

Pay Date: 7/30/2011

100 N. Front Street  
 Prescott, AZ 86301

**PROVIDER: SMITH, JONATHAN**

Line	From-To Date	Rev Code	CPT/HCPC Mod	Amt Billed	Contract Adjust	Contract Amount	Fee Adjust	COB Allowed	COB Paid	Benefit Amt	Discount / Penalty	Net Paid
DOE, JOHN J. #A60001111				Claim: 03198000157	Status: PAID			Patient #: 0006801	Auth #: 300111			
1	7/9/2011-7/9/2011		99394-25	\$1,120.83	(\$269.00)	\$851.83	\$0.00	\$0.00	\$0.00	\$851.83	\$0.00	\$851.83
2	7/9/2011-7/9/2011		99213	\$72.16	(\$17.32)	\$54.84	\$0.00	\$0.00	\$0.00	\$54.84	\$0.00	\$54.84
<b>Claim Explanation</b>				\$1,192.99	(\$286.32)	\$906.67	\$0.00	\$0.00	\$0.00	\$906.67	\$0.00	\$906.67
DOE, JOHN J. #A60001111				Claim: 03198000156	Status: PAID			Patient #: 0006801	Auth #:			
1	7/1/2011-7/1/2011		99213	\$19.00	(\$10.05)	\$8.95	\$0.00	\$0.00	\$0.00	\$8.95	\$0.00	\$8.95
2	7/1/2011-7/1/2011		87880	\$17.00	(\$8.45)	\$8.55	\$0.00	\$0.00	\$0.00	\$8.55	\$0.00	\$8.55
<b>Claim Explanation</b>				\$36.00	(\$18.50)	\$17.50	\$0.00	\$0.00	\$0.00	\$17.50	\$0.00	\$17.50
DOE, JOHN J. #A60001111				Claim: 03198000071	Status: PAID			Patient #: 0006801	Auth #:			
1	6/16/2011-6/16/2011		99394-25	\$124.00	(\$16.75)	\$107.25	\$0.00	\$0.00	\$0.00	\$107.25	\$0.00	\$107.25
2	6/16/2011-6/16/2011		99214	\$106.00	(\$23.42)	\$82.58	\$0.00	\$0.00	\$0.00	\$82.58	\$0.00	\$82.58
3	6/16/2011-6/16/2011		81002	\$19.00	(\$15.25)	\$3.75	\$0.00	\$0.00	\$0.00	\$3.75	\$0.00	\$3.75
<b>Claim Explanation</b>				\$249.00	(\$55.42)	\$193.58	\$0.00	\$0.00	\$0.00	\$193.58	\$0.00	\$193.58
DOEY, JANE J. #A60001100				Claim: 03198000110	Status: PAID			Patient #: 14010112	Auth #: 311100			
1	7/12/2011-7/12/2011		99213	\$68.00	(\$37.91)	\$30.09	\$0.00	\$50.55	(\$37.91)	\$12.64	\$0.00	\$12.64
<b>Claim Explanation</b>				\$68.00	(\$37.91)	\$30.09	\$0.00	\$50.55	(\$37.91)	\$12.64	\$0.00	\$12.64
DOEY, JANE J. #A60001100				Claim: 03198000105	Status: PAID			Patient #: 14010112	Auth #:			
1	7/9/2011-7/9/2011		99223	\$204.00	(\$34.92)	\$169.08	\$0.00	\$0.00	\$0.00	\$169.08	\$0.00	\$169.08
2	7/10/2011-7/10/2011		99233	\$262.00	(\$90.54)	\$171.46	\$0.00	\$0.00	\$0.00	\$171.46	\$0.00	\$171.46
3	7/11/2011-7/11/2011		99291	\$269.00	(\$39.15)	\$229.85	\$0.00	\$0.00	\$0.00	\$229.85	\$0.00	\$229.85
4	7/11/2011-7/11/2011		99292	\$278.00	(\$46.18)	\$231.82	\$0.00	\$0.00	\$0.00	\$231.82	\$0.00	\$231.82
<b>Claim Explanation</b>				\$1,013.00	(\$210.79)	\$802.21	\$0.00	\$0.00	\$0.00	\$802.21	\$0.00	\$802.21
DOEY, JANE J. #A60001100				Claim: 03198000099	Status: PAID			Patient #: 14010112	Auth #:			
1	7/7/2011-7/7/2011		99214	\$106.00	(\$23.42)	\$82.58	\$0.00	\$0.00	\$0.00	\$82.58	\$0.00	\$82.58
<b>Claim Explanation</b>				\$106.00	(\$23.42)	\$82.58	\$0.00	\$0.00	\$0.00	\$82.58	\$0.00	\$82.58
DOEY, JANE J. #A60001100				Claim: 03198000050	Status: PAID			Patient #: 14010112	Auth #:			
1	7/3/2011-7/3/2011		99394	\$124.00	(\$16.75)	\$107.25	\$0.00	\$0.00	\$0.00	\$107.25	\$0.00	\$107.25
2	7/3/2011-7/3/2011		81002	\$19.00	(\$15.25)	\$3.75	\$0.00	\$0.00	\$0.00	\$3.75	\$0.00	\$3.75
<b>Claim Explanation</b>				\$143.00	(\$32.00)	\$111.00	\$0.00	\$0.00	\$0.00	\$111.00	\$0.00	\$111.00
DOEY, JANE J. #A60001100				Claim: 03198000105	Status: PAID			Patient #: 14010112	Auth #:			
1	5/3/2011-5/3/2011		99393	\$113.00	(\$90.40)	\$22.60	\$0.00	\$231.00	(\$90.40)	\$22.60	\$0.00	\$22.60
2	5/3/2011-5/3/2011		99213	\$68.00	(\$54.40)	\$13.60	\$0.00	\$231.00	(\$54.40)	\$13.60	\$0.00	\$13.60
3	5/3/2011-5/3/2011		87880	\$31.00	(\$24.80)	\$6.20	\$0.00	\$231.00	(\$24.80)	\$6.20	\$0.00	\$6.20
4	5/3/2011-5/3/2011		81002	\$19.00	(\$15.25)	\$3.75	\$0.00	\$231.00	(\$15.20)	\$3.80	\$0.00	\$3.80
<b>Claim Explanation</b>				\$231.00	(\$184.85)	\$46.15	\$0.00	\$924.00	(\$184.80)	\$46.20	\$0.00	\$46.20
JOHNSON, JACK #A12345678				Claim: 03198000052	Status: PAID			Patient #: 00497801	Auth #:			
1	7/7/2011-7/7/2011		99215	\$156.00	(\$33.15)	\$122.85	\$0.00	\$0.00	\$0.00	\$122.85	\$0.00	\$122.85
<b>Claim Explanation</b>				\$156.00	(\$33.15)	\$122.85	\$0.00	\$0.00	\$0.00	\$122.85	\$0.00	\$122.85

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*A Special Plan for Special Needs*

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Pay Date: 7/30/2011

100 N. Front Street  
 Prescott, AZ 86301

**PROVIDER: SMITH, JONATHAN**

Line	From-To Date	Rev Code	CPT/HCPC Mod	Amt Billed	Contract Adjust	Contract Amount	Fee Adjust	COB Allowed	COB Paid	Benefit Amt	Discount / Penalty	Net Paid
JOHNSON, JACK #A12345678				Claim: 03198000053	Status: PAID	Patient #: 00497801		Auth #:				
1	5/19/2011-5/19/2011		99215-25	\$156.00	(\$33.15)	\$122.85	\$0.00	\$0.00	\$0.00	\$122.85	\$0.00	\$122.85
2	5/19/2011-5/19/2011		51701	\$107.00	(\$107.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	5/19/2011-5/19/2011		99000	\$20.00	(\$6.64)	\$13.36	\$0.00	\$0.00	\$0.00	\$13.36	\$0.00	\$13.36
4	5/19/2011-5/19/2011		81002	\$19.00	(\$15.25)	\$3.75	\$0.00	\$0.00	\$0.00	\$3.75	\$0.00	\$3.75
<b>Claim Explanation</b>				\$302.00	(\$162.04)	\$139.96	\$0.00	\$0.00	\$0.00	\$139.96	\$0.00	\$139.96

JOHNSON, JACK #A12345678				Claim: 03191000028	Status: PAID	Patient #: 00497801		Auth #: 300000				
1	5/1/2011-5/1/2011		99214	\$106.00	(\$106.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Claim Explanation</b>				\$106.00	(\$106.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Supplies Require a Monthly Date Span (i.e. 1/1/08-1/31/08)												
ICD-9 Diagnosis Code is Not Valid on DOS												

**PAYEE: JONATHAN SMITH, MD**  
 100 N. Front Street  
 Prescott, AZ 86301

Pay Date: 7/30/2011

<b>Check Amt:</b>	<b>58004</b>
<b>Amt Billed:</b>	<b>\$3,602.99</b>
<b>Contract Adjustment:</b>	<b>(\$1,150.40)</b>
<b>Contract Amt:</b>	<b>\$2,452.59</b>
<b>Fee Adjust:</b>	<b>\$0.00</b>
<b>COB Allowed:</b>	<b>\$974.55</b>
<b>COB Paid:</b>	<b>(\$222.71)</b>
<b>Benefit Amt:</b>	<b>\$2,435.19</b>
<b>Pay Discount or Penalty:</b>	<b>\$0.00</b>
<b>Advance Amt Applied:</b>	<b>\$0.00</b>
<b>Check Amt:</b>	<b>\$2,435.19</b>

IF YOU FEEL THAT AN ERROR HAS BEEN MADE IN THE PROCESSING OF YOUR CLAIM(S)  
 PLEASE CONTACT OUR CLAIMS DEPARTMENT AT (928) 779-2113 OR (800) 336-3874

**Correction and Informal Issue Resolution:**

To avoid the claim dispute process we encourage you to contact our Claim Customer Services Department for assistance with claim resubmission and/or claim corrections. Please resubmit corrected claim(s) with a copy of this remittance advice to:

**Capstone Health Plan, Inc.**  
 914 N. San Francisco St., Suite A  
 Flagstaff, AZ 86001

**Claim Dispute Process:**

If you disagree with any action, you may file a dispute in writing within sixty (60) days of the date of this notice or twelve (12) months from the date of service, whichever is later. Claim disputes must be submitted in writing to:

**Mailing Address:**

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

**Physical Address:**

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

THIS IS YOUR ONLY COPY - PLEASE RETAIN FOR YOUR RECORDS