

United HealthCare Services, Inc.  
 GREENSBORO SERVICE CENTER  
 PO BOX 740809  
 ATLANTA GA 30374-0802  
 PHONE: 1-877-842-3210

STD - PRA



# PROVIDER REMITTANCE ADVICE

CHECK DATE: 09/26/19



**PATIENT:**

**SUBSCRIBER ID:** [REDACTED]      **SUBSCRIBER NAME:** [REDACTED]      **CLAIM NUMBER:** [REDACTED]  
**CLAIM DATE:** 07/11/19-07/11/19      **DATE RECEIVED:** 09/03/19      **PRODUCT:** [REDACTED]  
**REND PROV ID:** [REDACTED]      **REND PROV:** [REDACTED]

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY

**SERVICE LINE DETAIL(S)**

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	ADJ QTY	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
01	07/11/19 - 07/11/19													
02	07/11/19 - 07/11/19													
03	07/11/19 - 07/11/19													
04	07/11/19 - 07/11/19		30999			1		\$675.00	\$675.00				\$675.00	
CLAIM#	SUBTOTAL													

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

TOTAL PAYABLE TO PROVIDER

**NOTES**

- PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT
- PR59 PATIENT RESPONSIBILITY - PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES. (FOR EXAMPLE MULTIPLE SURGERY OR DIAGNOSTIC IMAGING, CONCURRENT ANESTHESIA.)
- EC THE MAXIMUM AMOUNT FOR THE PRIMARY SERVICE HAS BEEN ALLOWED. THEREFORE, A REDUCTION HAS BEEN APPLIED TO THIS SERVICE.
- NJ THIS CLAIM WAS PROCESSED USING YOUR PLAN'S OUT-OF-NETWORK BENEFITS. NETWORK BENEFITS ARE ONLY AVAILABLE WHEN YOU RECEIVE SERVICES FROM A PROVIDER IN YOUR PLAN'S NETWORK.

UnitedHealthcare is improving service to you by adopting electronic payments & statements (EPS) as a standard way to pay claims. EPS will dramatically reduce the time and effort your organization spends on administering paper checks and explanation of benefits. Get a head start and enroll today by electing the electronic payments & statements link found on the home page [www.UHCprovider.com](http://www.UHCprovider.com) or contact us at 1-866-UHC-FAST (1-866-842-3278), option 5. For more information about our free or low cost solutions for submitting claims electronically to UnitedHealthcare and other payers, please contact us toll free at 1-800-842-1109, option 3.