

Claims Service Center  
1-800-452-8633, Option 2



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**PAYEE:**

INTERCOASTAL AMB INC  
PO BOX 167  
JACKSONVILLE, FL 33647

**EXPLANATION OF PAYMENTS**

CHECK DATE	PAYEE #	REPORTING TAX ID#	BANK	CHECK NUMBER
07/05/2005	D:K124	446488643	01	2368346
TOTAL PROVIDERS				1
TOTAL AMOUNT CHARGED				\$2,660.00
TOTAL AMOUNT ALLOWED				\$823.30
AMOUNT PAID				\$709.95
CHECK AMOUNT				\$709.95
OVERPAYMENT ADVICE				None
<b>Your funds are in the process of being electronically deposited in your designated bank account.</b>				

**TRGHC NOW ACCEPTS ELECTRONIC CLAIMS. FOR MORE INFORMATION, PLEASE CALL OUR PROVIDER SERVICE DEPT. AT (770)555-1212**

For more information please visit our website at [www.avmed.org](http://www.avmed.org). From the Home Page click on Provider Services Online and then select Electronic Data Interchange.

CHECK #: 2368346

CHECK DATE: 07/05/2005

PAYEE #: D:K124

REPORTING TAX ID #: 446488643

MEMBER	CLAIM#	SERV CODE	MOD	UNITS	SERVICE FROM/THRU	RECEIVED DATE	AMOUNT CLAIMED	IN-ELIGIBLE	AMOUNT ALLOWED	COPAY	DEDUC-TIBLE	MBR CO INS.	COB OTH PAID	OTHER	INTEREST PAID	AMOUNT PAID	MEMBER PAYS
<b>Provider Name and Number: CHIROLE, KRISTEN (# 286163)</b>																	
WILLS, SOPHIA PAT#: 914314027																	
610001314 (HM)	05173504704S	0100	2912	1	06/20-06/20/05	06/22/05	181.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
*** EXPX																	
	05173504704S	0200	7311	1	06/20-06/20/05	06/22/05	92.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
*** EXPX																	
Total for Claim: 05173504704S							273.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
ELDRIDGE, ARMAND PAT#: 614706894																	
217584136 (HM)	05122102739S	0201	2052	-1	03/14-03/14/05	05/02/05	-583.00	-194.28	-194.28	.00	.00	.00	.00	.00	.00	.00	.00
*** EXAE																	
	05122102739S	0202	2052	1	03/14-03/14/05	05/02/05	583.00	.00	194.28	.00	.00	.00	.00	.00	.00	194.28	.00
*** EXTB																	
Total for Claim: 05122102739S							.00	-194.28	.00	.00	.00	.00	.00	.00	.00	194.28	.00
IZQUIERDO, CORBIN PAT#: 160841854																	
230574249 (HM)	05147101188S	0100	9924	1	05/23-05/23/05	05/27/05	375.00	.00	126.41	15.00	.00	.00	.00	.00	.00	111.41	.00
	05147101188S	0200	7313	RT 1	05/23-05/23/05	05/27/05	92.00	.00	30.81	.00	.00	.00	.00	.00	.00	30.81	.00
Total for Claim: 05147101188S							467.00	.00	157.22	15.00	.00	.00	.00	.00	.00	142.22	15.00
BAVOL, MICHELLE PAT#: 242621473																	
034717974 (HM)	05180504861S	0100	9921	1	06/20-06/20/05	06/29/05	109.00	53.56	53.56	.00	.00	.00	.00	.00	.00	.00	.00
*** EXCR																	

\*\*\* EXPLANATION CODES:

EXPX PEND-CB-NEED INFORMATION REGARDING SLIP & FALL/ACCIDENT/MVA DETAILS

EXAE DENY-AU-AN AUTHORIZATION IS NOT ON FILE FOR THIS MEMBER

EXTB ADJ-CL-APPEALS RETROAUTHORIZATION

EXCR DENY-CR-SERVICE DENIED DUE TO CURRENT PROCEDURE CODING GUIDELINES

CHECK #: 2368346

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REPORTING TAX ID #: 446488643

MEMBER	CLAIM#	SERV MOD CODE	UNITS	SERVICE FROM/THRU	RECEIVED DATE	AMOUNT CLAIMED	IN-ELIGIBLE	AMOUNT ALLOWED	COPAY	DEDUC-TIBLE	MBR CO INS.	COB OTH PAID	OTHER	INTEREST PAID	AMOUNT PAID	MEMBER PAYS
<b>Provider Name and Number: CHIROLE, KRISTEN (# 286163)</b>																
BAVOL, MICHELLE	PAT#: 242621473															
EXCR-DENIED: Visit codes are not payable when they fall within the service interval for the global code.																
Total for Claim: 05180504861S						109.00	53.56	53.56	.00	.00	.00	.00	.00	.00	.00	.00
MARIER, KAREN	PAT#: 029234337															
650471944 (MC)	05173504701S	0100	2912	1	04/27-04/27/05	06/22/05		181.00	.00	65.65	.00	.00	.00	.00	.00	65.65
	05173504701S	0200	7311	1	04/27-04/27/05	06/22/05		92.00	.00	30.81	.00	.00	.00	.00	.00	30.81
	05173504701S	0300	Q402	1	04/27-04/27/05	06/22/05		20.00	.00	8.92	.00	.00	.00	.00	.00	8.92
Total for Claim: 05173504701S						293.00	.00	105.38	.00	.00	.00	.00	.00	.00	105.38	.00
CHACA, OLIVIA	PAT#: 755089847															
947103474 (MC)	05175504276S	0100	7314	1	06/22-06/22/05	06/24/05		73.00	.00	24.35	.00	.00	.00	.00	.00	24.35
Total for Claim: 05175504276S						73.00	.00	24.35	.00	.00	.00	.00	.00	.00	24.35	.00
CANEIRA, KHADIJAH	PAT#: 991332545															
554466446 (MC)	05180504868S	0100	9924	25	1	06/27-06/27/05	06/29/05	375.00	.00	126.41	20.00	.00	.00	.00	.00	106.41
	05180504868S	0200	2061	1	06/27-06/27/05	06/29/05		218.00	.00	72.50	.00	.00	.00	.00	.00	72.50
	05180504868S	0300	7303	1	06/27-06/27/05	06/29/05		102.00	.00	34.00	.00	.00	.00	.00	.00	34.00
	05180504868S	0400	7311	59	1	06/27-06/27/05	06/29/05	92.00	.00	30.81	.00	.00	.00	.00	.00	30.81
Total for Claim: 05180504868S						787.00	.00	263.72	20.00	.00	.00	.00	.00	.00	243.72	20.00
NUNEZ, MONIQUE	PAT#: 165624491															
335758340 (PH)	05175504275S	0100	9920	25	1	04/08-04/08/05	06/24/05	300.00	99.54	99.54	.00	.00	.00	.00	.00	.00

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<b>Provider Name and Number: CHIROLE, KRISTEN (# 286163)</b>																		
NUNEZ, MONIQUE	PAT#: 165624491																	
*** EXDD																		
	05175504275S	0200	2055	1	04/08-04/08/05	06/24/05	178.00	59.43	59.43	.00	.00	.00	.00	.00	.00	.00	.00	
*** EXDD																		
	05175504275S	0300	7307	RT 1	04/08-04/08/05	06/24/05	88.00	29.29	29.29	.00	.00	.00	.00	.00	.00	.00	.00	
*** EXDD																		
	05175504275S	0400	7311	59 1	04/08-04/08/05	06/24/05	92.00	30.81	30.81	.00	.00	.00	.00	.00	.00	.00	.00	
*** EXDD																		
Total for Claim: 05175504275S							658.00	219.07	219.07	.00	.00	.00	.00	.00	.00	.00	.00	.00
Total for Provider: 286163							2,660.00	78.35	823.30	35.00	.00	.00	.00	.00	.00	.00	709.95	
Total for Check: 2368346							2,660.00	78.35	823.30	35.00	.00	.00	.00	.00	.00	.00	709.95	

\*\*\* EXPLANATION CODES:

EXDD DENY-CL-DUPLICATE OF A PREVIOUSLY DENIED CLAIM

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Select the EOP you want by choosing the appropriate date from the dropdown box below.

**Date of Previous EOP Requested:**

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Password protect  
Using this password:

[Return to Statement](#)