



Upgrades to Your Remittance Advice!

February 25, 2005

Dear AmeriHealth Mercy Provider:

As you know, AmeriHealth Mercy transitioned to a new vendor for the printing and mailing of checks and remittance advices (RAs) in March 2004. An initial advantage of the new RAs is that they were designed to be easy-to-read.

Beginning March 2005 further enhancements will be made to the Payment Reduction Summary section of the existing RA. The Payment Reduction Summary section (see enclosed example) will now include the Original Date of Service, Check Date and Check Number in order to make it easier for providers to tie RA information to original claims information.

If you have any questions about this enhancement, the Provider Services Department is available 24 hours a day/seven days a week at 1-800-521-6007 to answer questions, or you may contact your Provider Contracting Representative.

Sincerely,

A handwritten signature in cursive script that reads "Sherry Knowlton".

Sherry Knowlton
Vice President & General Manager
AmeriHealth Mercy Health Plan



A Program of AmeriHealth First and Mercy Health Plan

SAMPLE ONLY

Airport Business Center
200 Stevens Drive
Philadelphia, PA 19113

ENV 1
1 of 2 F

Forwarding Service Requested

DAVE P. SMITH, MD
123 MAIN STREET
ANYWHERE, PA 19111

For further inquiries on this remittance advice contact:
AmeriHealth Mercy Health Plan
Airport Business Center
200 Stevens Drive
Philadelphia, PA 19113
or call 1 (800) 521-6007

Payee ID: 1234567
Tax ID: 123456789
Check No.: 50000676
Check Ref.: 20011002101019
Payment: 0.00
Date: 10/1/04

Remittance Advice

Provider ID 123456		Member ID 98765432			Patient ID 27930108089			*COB*				
Provider Name Smith, Dave		Member Name Doe, Jane			Claim ID 01227B042500							
Date of Service	Proc/Rev/DRG Code	Mod	Description	Qty	Charged Amount	Allowed Amount	OIC	Coins	COB	Deductible	Amount Paid	Adj/Den
12/1/03 – 12/1/03	99213		Office or other outpatient visit	001	65.00	32.00	0.00	0.00	0.00	0.00	0.00	R36
Interest Paid											0.00	
Prior Payment											0.00	
Claim Total					65.00	32.00	0.00	0.00	0.00	0.00	0.00	

Statement Total

Please note that these sections are located at the end of the remit, after the Statement Totals.

Charged Amount	Allowed Amount	OIC	COB	Coins	Interest Payment	Deductible	Amount Paid	Claim Count
65.00	32.00	0.00	0.00	0.00	0.00	0.00	0.00	001
Claims Reversed							0.00	000
Net General Claims Total							0.00	001
Less Other Transactions							0.00	
Total Paid to Payee							0.00	

Coordination of Benefits

Member Name	Claim Number	Other Insurance	Address	Group No.	Policy No

Payment Reduction Summary

Patient ID	Explanation	Date of Service	Check Date	Check Number	Claim ID	
Date of Original Reduction	Original Amount of Reduction	Provider Receipts	Applied to Current Claims	Claim Reduction Amount Recovered to Date	Provider Receipts to Date	Remaining Balance

Messages

R36 Capitated Service

Less Other Transactions captures payment retractions and other reductions, which are detailed in the Payment Reduction Section.

The Payment Reduction Summary will now include the original Date of Service, Check Date and Check Number.