

MACSIS REVERSAL REPORT
SUMMARY BY ADJUSTMENT REASON CODE

Sender Name: MH&RSB ALLEN AUGLAIZE HARDI
Receiver Name: FAM RES-LIMA

835 Adj Rsn -----	835 Adjustment Description -----	# of Claims -----	Total Adj Amount -----
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	1	\$0.00
	Total:	1	\$0.00