RUN DATE: August 15, 2006 — ...ENT OF ALCOHOL AND DRUG ADDICTION SERVICES/OHIO DEPARTMENT OF MENTAL HEALTH — PAGE: 1

REPORT NAME: RA.02B06370.tst06

DIVISION OF MANAGEMENT INFORMATION SERVICES

MACSIS HEALTH CARE CLAIM PAYMENT/ADVICE REPORT

Changed from "MACSIS Remittance Advice"

Year designation added

AP Check # removed

Company

This information is confidential and is protected by Sect. 42 CFR, Pa...on ...lity rules. Further ...sclosure is prohibited by the federal rules unless expressly permitted by the written consent of the person ...from ...ins or as otherwise permitted by 42 C

Prov-Level NPI

AP Post Date

UPI

Vendor # and Vendor-Level NPI

SENDER ID: ALLEB — RECEIVER ID/NPI: 000000006370 FAM RES-LIMA/9900006370 — PRODUCTION DATE: 08/15/2006

PAYER NAME: MH&RSB ALLEN AUGLAIZE HARDI — PAYEE NAME: FAMILY RESOURCE — ADDL PAYEE ID/NPI: 6370/9900006370

PT NAME: JOHN J SMITH — MEMBER ID (UCI): 1230045 — DOB: 04/04/1980 — GENDER: F — Medicaid Number: 12341234199

835 Claim Status and Filing Indicator (replaces Mcd Flag and Diamond status)

MACSIS Claim #

New

Mod 3 and 4

Billed Amt

See summary for description

Patient Control #	C S	C F I	Payer Clm Ctrl # / Member Plan	Provider Filename / Other Clm ID (Batch #)	Proc Code / Modifiers	Service Date	Units	Charge Amount	ERA Rsn Code	835 Adj Grp	835 Adj Rsn	835 Rmk Cd	Adj Amt	Payment Amount
695409481171	4	MC	000144019610-01	A0101811.00705	H0004	07/04/05	7.0	$70.28	PCFSC	CO	42		$1.19	
			DFMCD02	A07B05011	HQ-99- -				MCDYO	CO	29		$69.09	$0.00
10020022004110800020	4	13	000134508890-01	A0066631.33804	H0005	07/08/06	10.0	$79.40	OOCTY	PR	38		$79.40	
			DFNON02	A18A04341	HF-99-99-99									$0.00
1446624	25	13	000146116190-01	A0010291.01405	H0004	08/04/06	6.0	$135.00	PCFSC	CO	42		$0.00	
			DFNON02	A09B05018	HE- - -				.	PI	104		$22.14	$112.86
						SUB TOTALS:		$284.68					$171.82	$112.86

#1 #2 #3

PT NAME: JANE A DOE — MEMBER ID (UCI): 1234567 — DOB: 01/14/1954 — GENDER: M — Medicaid ...

All adjustments must add up to diff between charge and payment amts

Patient Control #	C S	C F I	Payer Clm Ctrl # / Member Plan	Provider Filename / Other Clm ID (Batch #)	Proc Code / Modifiers	Service Date	Units	Charge Amount	ERA Rsn Code	835 Adj Grp	835 Adj Rsn	835 Rmk Cd	Adj Amt	Payment Amount
109795	4	13	000108901630-01	A0013571.24304	90801	07/18/06	1.5	$316.31	PCFSC	CO	42		$47.81	
			DFNON02	A48M04251	HE- - -				NONDU	CR	18		$268.50	$0.00
109795	4	13	000108901630-01	A0013571.24304	90801	07/18/06	1.5	$316.31	PCFSC	CO	42		$47.81	
			DFNON02	A48M04251	HE- - -				NONDU	CR	18		$268.50	$0.00
200412101431001561 1698	4	13	000131816180-01	A0100612.34504	H0004	08/15/06	4.0	$84.88	OOCTY	PR	38		$84.88	
			DFNON02	A83B04349	HE- - -									$0.00
						SUB TOTALS:		$717.50					$717.50	$0.00

#4

PT NAME: MARY M MILLER — MEMBER ID (UCI): 3487545 — DOB: 01/01/1993 — GENDER: M — Medicaid Number: 43455413444

Patient Control #	C S	C F I	Payer Clm Ctrl # / Member Plan	Provider Filename / Other Clm ID (Batch #)	Proc Code / Modifiers	Service Date	Units	Charge Amount	ERA Rsn Code	835 Adj Grp	835 Adj Rsn	835 Rmk Cd	Adj Amt	Payment Amount
117348#8377561	22	MC	000140115210-01		H0015	07/01/06	-1.0	$-136.75	PCFSC	CR	42		$0.00	
			DFMCD02	A12B04356	HA- - -				218	OA	22	MA92	$0.00	$-136.75

#5

* Blue ╥ Title/label change, Green ╥ New Data, Pink ╥ Replaced Data, Red ╥ Data not on 835