

Guía Rápida de Referencia: Aviso de Remesa

El Aviso de Remesa (R.A.) es un informe completo de los pagos realizados a usted por los servicios a nuestros miembros. Use esta Guía Rápida de Referencia para comprender la R.A. y su compensación total por los servicios.

- 1 Resumen de miembros y proveedores** – Incluya el número de reclamo, el nombre del paciente, el número de autorización, la identificación del suscriptor y el nombre del proveedor del servicio.
- 2 Sección de detalles de reclamo** – Muestra una línea de pedido para cada servicio ingresado en el reclamo y las cantidades asociadas a esos servicios.
- 3 Resumen de Cargos de Laboratorio** – Análisis fácil de leer, de todos los Cargos de Laboratorio.
- 4 Resumen de Códigos de Razón** – Definiciones de los códigos de razón y observación enumerados en el reclamo por artículo de línea.

EyeMed Vision Care
 4000 Luxottica Place
 Mason, OH 45040
 or call 1-888-581-3648

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 Date: 4/01/2013
 ID #:116 9003696

Location: Claim# Auth#	Patient Name Subscriber ID	Policy Number Subscriber Name	Provider Servicing Provider
09XXXXXXXXX 123456789	JONES, MARY A MVC987654321	JOHN B JONES	OHXXXX PROVIDER SMITH

DOS	Service	Total Charges	Covered Charges	Copay Amount	Eyemed Discount	Other Insurance	Member Resp.	Eyemed Payment	Reason
3/19/2013	92004	129.00	129.00	40.00	.00	89.00	.00	40.00	96 N30
3/19/2013	V2025	207.00	145.40	70.00	.00	75.40	61.60	70.00	96 N30
3/19/2013	V2781	216.00	98.20	205.80	65.00	75.20	117.80	23.00	119
	S0581	.00	.00	.00	.00	.00	.00	.00	
3/19/2013	V2784	44.00	4.00	40.00	.00	4.00	40.00	.00	119
	S0581	.00	.00	.00	.00	.00	.00	.00	
3/19/2013	92015	19.00	19.00	.00	.00	19.00	.00	.00	96 N30
3/19/2013	V2750TG	89.00	17.80	71.20	.00	17.80	71.20	.00	119
3/19/2013	V2702	21.00	4.20	16.80	.00	4.20	16.80	.00	119
3/19/2013	V2755	10.00	.00	10.00	.00	.00	10.00	.00	119
Total Auth: 3031929670		735.00	417.60	453.80	65.00	284.60	.00	317.40	133.00

Lab Charges:	158.00-
Sales Tax:	.00
Net Payment:	25.00-

Below is a summary of lab charges associated to each lab material selection.

Lab Material Selection	Lab Charges
PROGRESSIVE LAB GROUP M	58.00
MULTIF VISION-POLY	19.00
RIMLESS DRILL	21.00
AR LAB GROUP K	54.00
UV AR BCKSIDE ADD	6.00
TOTAL:	158.00

96 = Noncovered charge(s).
N30 = Patient ineligible for this service.
119 = Benefit maximum for this time period or occurrence has been reached.

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Ejemplo de compensación total:

Pagos de miembros y nosotros **\$453.80**

Cargos de laboratorio* **-\$158.00**

Compensación total **\$295.80**

* Cargos de laboratorio: Pagos realizados al laboratorio por parte de la oficina del propietario profesional.



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What Member and EyeMed paid me

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