

Magellan Behavioral Health Systems, LLC.
EXPLANATION OF PAYMENT

TEST PROVIDER
XXX ADDRESS LINE1
CITY, ST XXXXX-XXXX

*** Visit www.MagellanHealth.com/provider to request additional sessions online. ***

Subscriber ID Claim#	Dates of Service	Subscriber Name	Procedure Code	Patient Name	Patient Acct Number	Remarks	Other Ins Paid	22 Paid
Billed	Not Covered	Discount **	12 Modifier	13 Qty	19 Deduct	20 Copay/Coins	21 Other Ins Paid	14
XXX1125 35985283-1	07/01/2011 - 07/01/2011	TEST1, MEMBER	90806	TEST1, MEMBER	12345			
		\$250.00	\$0.00	\$75.00	\$175.00	\$0.00	\$35.00	\$0.00
		\$250.00	\$0.00	\$75.00	\$175.00	\$0.00	\$35.00	\$0.00
		Claim Total						\$140.00
XXX1126 35985285-1	07/05/2011 - 07/05/2011	TEST2, MEMBER	90806	TEST2, MEMBER	22335			
		\$250.00	\$0.00	\$75.00	\$175.00	\$150.00	\$5.00	\$0.00
		\$250.00	\$0.00	\$75.00	\$175.00	\$150.00	\$5.00	\$0.00
		Claim Total						\$20.00
		\$250.00	\$0.00	\$75.00	\$175.00	\$150.00	\$5.00	\$0.00
		Claim Total						\$20.00
		24 REMITTANCE TOTAL						\$160.00
		Check Number 9						

Remark Codes and Description:

- ... If you suspect fraud or abuse involving health benefits administered by Magellan, please call our toll free hotline at 1-800-755-0850 or contact us by email siu@magellanhealth.com. For all other calls and questions, please contact the customer service number located on this statement.
- &&&& IMPORTANT: HIPAA standard electronic transactions submitted without National Provider Identifiers (NPIs) will be rejected beginning May 23, 2008. Also, note that Taxpayer Identification Numbers (TINs) will continue to be required on all claims - paper and electronic. If you have not submitted your NPI to Magellan for our records, please do so immediately. Submit online via www.MagellanHealth.com/provider (Sign in, then choose Display/Edit Practice Information) or fax your NPI notification letter to 314-387-5584 (individuals and groups) or 314-387-1265 (organizations).
- ** Covered charges reflect network discounts and provider is prohibited from balance billing any amount to the member.
- .. You now can complete and submit a W-9 Form online! Sign in with your secure username and password at www.MagellanHealth.com/provider, then click "Display/Edit Practice Information" under "MyPractice" in the left-hand menu.
- § The member/subscriber is responsible for amounts listed on this statement as deductible, co-insurance and co-pay.

How to Read the Provider Explanation of Payment.

- 1 The Magellan mailing address.
- 2 The date the claim was processed and page number of the EOP.
- 3 Provider name and billing address.
- 4 Magellan Web site for providers who wish to request additional sessions on line.
- 5 Subscriber ID - Subscriber identification number.
- 6 Subscriber Name - Name of the individual who is the subscriber of the plan.
- 7 Patient Name - Name of the individual receiving services.
- 8 Patient Account Number - Account Number of the individual receiving services.
- 9 Claim Number - assigned by Magellan.
- 10 Date(s) of Service - the date or dates the services were provided.
- 11 Procedure Code - Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code for services provided.
- 12 Modifier - code used by the reporting physician to indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code.
- 13 Qty (quantity) - the number of services reported per line.
- 14 Remarks - codes shown in this field refer to specific messages appearing in field 26. These messages clarify a payment situation or explain why the service is not covered.
- 15 Billed - the provider's billed charge.
- 16 Not Covered - this amount represents expenses not covered by the benefit plan.
- 17 Discount -this is the amount of the billed fee that is over the fee the provider agreed to accept. A participating provider cannot bill the subscriber/individual for this amount.
- 18 Allowed - the amount eligible for reimbursement prior to the deductible, coinsurance or other member responsibility (if any).
- 19 Deduct (deductible) - a fixed dollar amount that the subscriber/individual must pay for covered expenses before benefits are provided. The subscriber/individual is responsible for this amount.
- 20 Copay/Coins (Copay/Coinsurance) - copay is a fixed amount that the subscriber/individual is responsible to pay. Coinsurance is a percentage of the allowed charges that the subscriber/individual is responsible to pay.
- 21 Other Ins Paid - the amount paid by other health coverage, including Medicare.
- 22 Paid - the amount Magellan paid.
- 23 Claim Total - represents the total of each claim line.
- 24 Remittance Total - represents Magellan's payment within each column.
- 25 Check Number - the number displayed on the enclosed check.
- 26 Remark Codes & Descriptions- a full description of the remark codes that appear in field 14.