



READING AN OPTIMA HEALTH REMIT

www.optimahealth.com/providers

Practice/Facility's
Optima Health
Vendor number

REMIT DATE 03-11-15
VENDOR 011111

Practice/Facility

ABC PEDIATRICS
123 ANYWHERE STREET
STE 2
SOMEWHEREIN OH 43081

REMITTANCE ADVICE

SENTARA HEALTH PLANS, INC.
1300 SENTARA PARK
VIRGINIA BEACH, VA 23464
757/000-0000

Check has
Cleared and/or
Electronic
Funds (EFT)

PAGE 1 1
CHECK # 1111
CHECK DATE 03-03-15
PAYMENT 73.88
CHECK HAS NOT CLEARED

Patient

Optima Health
Provider Number

Optima Health
Claim #

Date of
Service

Adjustment
Codes

PATIENT	PROV#	CLAIM ID	BEGIN	END	CPT/DESC	QTY	PLAN REQ.AMT	MAX.AMT	PATIENT COB COINS/DED/ BRIDGE	WHOLD	COPAY/	PAYMENT	ADJ
DOE, JOHN	1001000	15055555555	02-20-15	02-20-15	99213	1	87.00	66.85	0.00	0.00	13.37	53.48	
0001234*01	GROUP 00000		02-20-15	02-20-15	87880	1	30.00	16.42	0.00	0.00	3.28	13.14	
12345678	CONTRACT ADJUSTMENT	49.66	02-20-15	02-20-15	87081	1	25.00	9.07	0.00	0.00	1.81	7.26	
					TOTAL FOR CLAIM		142.00	92.34	0.00	0.00	18.46	73.88	

Patient's
Member ID

*** TOTALS *** 142.00 142.00 92.34 0.00 0.00 18.46 73.88
AMT NOT ALLOWED 306.45

***** SUMMARY OF PAYMENTS ***** ADJUSTMENT CODES *****

100100 JOHN SMITH 73.88

Rendering Provider(s)

Adjustment code explanations