

ABC HEALTH PLAN
 1880 JFK BLVD, SUITE 1200
 PHILADELPHIA, PA. 19103

EXPLANATION OF PAYMENT

2000001 02 AB 0.416 **AUTO T11 6767 83201-276806-C01-P00000-1123



ABC PROVIDER
 123 MAIN STREET
 PHILADELPHIA, PA 19309-2768

Payment Date: **August 20, 2020**
 Payee ID: **123456789**
 Reference Number: **1234567 2**
 Claim Count: **3**
 Total Charges: **\$375,003.00**
 Total Claim Payment: **\$0.00**
 Total Provider Adj: **\$42,000.24**
 Payment Amount: **\$42,000.24**

If you have any questions, please call (800) 621-3724.

Register for ERA/EFT at <https://register.instamed.com/eraeft> and enter Registration Code: Q12345

Provider Claim Summary

Date of Service From	Date of Service To	Procedure (Modifier)	No. of Units	Amount Billed	Allowed	Paid	Patient Responsibility	Other Ins. Paid	Non Covered	Withhold	Adjustment Reason	Remarks
Patient: 123456789 SMITH JANE				Member: 123456789 SMITH JANE				Claim ID: 12345				
Patient Account Number: 123456789				Provider: 1093818239 PATRICK BURTON				Interest:				
07/23/2020	07/23/2020	99213	1	\$125,001.00	\$14,000.08	\$14,000.08	\$0.00	\$111,000.92	\$111,000.92	\$0.00	OA-23	
Total for Claim				\$125,001.00	\$14,000.08	\$14,000.08	\$0.00	\$111,000.92	\$111,000.92	\$0.00		
Patient: 123456789 SMITH PAT				Member: 123456789 SMITH PAT				Claim ID: 12345				
Patient Account Number: 123456789				Provider: 123456789 JOHN HOLMSTEAD				Interest:				
07/27/2020	07/27/2020	99213	1	\$125,001.00	\$14,000.08	\$14,000.08	\$0.00	\$111,000.92	\$111,000.92	\$0.00	OA-23	
Total for Claim				\$125,001.00	\$14,000.08	\$14,000.08	\$0.00	\$111,000.92	\$111,000.92	\$0.00		
Patient: 123456789 SMITH TONY				Member: 123456789 SMITH TONY				Claim ID: 12345				
Patient Account Number: 123456789				Provider: 123456789 TIM SCOTT				Interest:				
07/27/2020	07/27/2020	99213	1	\$125,001.00	\$14,000.08	\$14,000.08	\$0.00	\$111,000.92	\$111,000.92	\$0.00	OA-23	
Total for Claim				\$125,001.00	\$14,000.08	\$14,000.08	\$0.00	\$111,000.92	\$111,000.92	\$0.00		

This is a one-time use card payment for the claim listed above. The payment must be processed for the exact amount issued. No plastic will be issued, please use the information included on the card image to the right.

If you have questions about this payment, please call InstaMed at (866) 945-7990.

****IMPORTANT**** Please read the instructions on the back before processing this card.

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MS

Amount: \$42,000.24

Date: August 20, 2020

Process Before: 11/30/2020 Virtual Card Payment

5400 2938 8283 8283

VALID THRU **03/23**

CVC **123**

ZIP CODE **19103**



The InstaMed Virtual Prepaid Mastercard is issued by JPMorgan Chase Bank, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark of Mastercard International Incorporated.

ABC Health Plan Legal Text

You, your beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request for a review to ABC Health Plan. Requests for review or appeal may be mailed to ABC Health Plan 1880 JFK Blvd 12th Floor Philadelphia, PA 19103, ATTN: Claims Appeal or sent via fax to (215) 789-3680, ATTN: Claims Appeal. The request should include any issues outlining the basis of the appeal. As pertinent to the appeal, a review of the plan and its administration may occur.

A request for review must be filed within 60 days after receipt of the written notice of denial of a claim. A decision will be rendered by ABC Health Plan no later than 30 days after receipt of a request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after ABC Health Plan's review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent provisions on which the decision was based.

Instructions for Processing Your Payment

To process this payment:

1. Enter the unique 16-digit number on the Virtual Card payment into your credit card terminal
2. Enter the exact amount of the payment for the claim(s) listed on the reverse side.
3. Enter the expiration date and CVC code listed on the Virtual Card
4. If your terminal requires a zip code, enter '19103' as the zip code

Helpful Hints

- The Process Before date represents the date at which point the funds on this Virtual Card can no longer be accessed. The "Valid Thru" date represents the expiration date of the payment instrument itself. Please ensure that you authorize this card before the Process Before date.
- If your credit card terminal requests a card type, enter Credit.
- This is a one-time use card to be used for the exact amount of the payment for the claim listed on the reverse side.
- If card is not used by the Process Before date, please contact InstaMed at (866) 945-7990.

Information Regarding This Payment

This healthcare payer ("payer") has elected to pay the claim(s) listed on this document electronically using a Virtual Card obtained through InstaMed. InstaMed is presenting the Virtual Card to you for payment on behalf of the payer. By accepting this Virtual Card as payment, you certify that the payment is deposited into an authorized bank account for your business. To receive payment using this service, you must correctly key in the Virtual Card information.

Payment will be credited to your merchant account when you accept the Virtual Card as payment using your credit card terminal. By accepting the Virtual Card as payment, you are agreeing to be paid by this means.

The only permitted use of the Virtual Card is to make a payment to the account of the Provider listed on this statement in payment of the service designated. If used for any other purpose, the transaction will be reversed.

Interchange fees will be deducted from your payment amount.

Questions? Contact InstaMed at (866) 945-7990, or email connect@instamed.com.

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Adjustment Reason CODES

Remarks CODES

Code	Description	Code	Description
OA-23	The impact of prior payer(s) adjudication including payments and/or adjustments.		