



BlueCross BlueShield
of Oklahoma

P.O. Box 3283
1215 S. Boulder
Tulsa, Oklahoma 74102-3283
(800) 496-5774

PROVIDER CLAIM SUMMARY

DATE: 05/27/10

PROVIDER NUMBER:

CHECK NUMBER:

TAX IDENTIFICATION NUMBER:

MEDICAL CENTER

TULSA OK

Let's work together to make the transition.
Have EFT, ERA, EPS questions? Visit Electronic
Commerce online at www.bcbsook.com/providers.html.

ANY MESSAGES WILL BEGIN ON PAGE 2

PROVIDER CLAIMS AMOUNT SUMMARY

NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
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PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
PATIENT'S SHARE:	\$1,972.46			
NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
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CLAIM TYPE

C-BLUE CHOICE

NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
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PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
PATIENT'S SHARE:	\$1,972.46			

CLAIM TYPE

C-BLUE CHOICE

MESSAGES/REASONS:

NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
PATIENT'S SHARE:	\$1,972.46			

CLAIM TYPE

C-BLUE CHOICE

MESSAGES/REASONS:

(0A). A CONTRACT CO-INSURANCE HAS BEEN TAKEN.

NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
PATIENT'S SHARE:	\$1,972.46			

CLAIM TYPE

C-BLUE CHOICE

MESSAGES/REASONS:

(0A). A CONTRACT CO-INSURANCE HAS BEEN TAKEN.

(0B). A CONTRACT COPAY/DEDUCTIBLE AND CO-INSURANCE HAVE BEEN TAKEN.

NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
PATIENT'S SHARE:	\$1,972.46			

CLAIM TYPE

C-BLUE CHOICE

MESSAGES/REASONS:

(0A). A CONTRACT CO-INSURANCE HAS BEEN TAKEN.

(0B). A CONTRACT COPAY/DEDUCTIBLE AND CO-INSURANCE HAVE BEEN TAKEN.

NUMBER OF CLAIMS:	2		AMOUNT PAID:	\$3,496.98
PROVIDER CHARGES:	\$5,714.14		RECOUPMENT AMOUNT:	\$0.00
ADJUSTED PROVIDER CHARGES:	\$5,469.44		NET AMOUNT PAID:	\$3,496.98
PATIENT'S SHARE:	\$1,972.46			

CLAIM TYPE

C-BLUE CHOICE

MESSAGES/REASONS:

(0A). A CONTRACT CO-INSURANCE HAS BEEN TAKEN.

(0B). A CONTRACT COPAY/DEDUCTIBLE AND CO-INSURANCE HAVE BEEN TAKEN.

NUMBER OF CLAIMS:	2		AMOUNT PAID:	43,496.98
PROVIDER CHARGES:	45,734.34		RECOUPMENT AMOUNT:	48.00
ADJUSTED PROVIDER CHARGES:	45,469.44		NET AMOUNT PAID:	43,496.98
PATIENT'S SHARE:	41,972.46			

CLAIM TYPE
C-BLUE CHOICE

MESSAGES/REASONS:

- (0A). A CONTRACT CO-INSURANCE HAS BEEN TAKEN.
- (0B). A CONTRACT COPAY/DEDUCTIBLE AND CO-INSURANCE HAVE BEEN TAKEN.

NUMBER OF CLAIMS:	2		AMOUNT PAID:	43,496.98
PROVIDER CHARGES:	45,734.34		RECOUPMENT AMOUNT:	48.00
ADJUSTED PROVIDER CHARGES:	45,469.44		NET AMOUNT PAID:	43,496.98
PATIENT'S SHARE:	41,972.46			

CLAIM TYPE
C-BLUE CHOICE

MESSAGES/REASONS:

- (0A). A CONTRACT CO-INSURANCE HAS BEEN TAKEN.
- (0B). A CONTRACT COPAY/DEDUCTIBLE AND CO-INSURANCE HAVE BEEN TAKEN.



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ANY MESSAGES WILL BEGIN ON PAGE 226

*****IN-PATIENT

PATIENT: PATIENT NO: ADMIT DATE FROM DATE END DATE
CLAIM NO: CLAIM TYPE: C 05/10/10 05/16/10 05/11/10
GROUP-SUB NO: HPI: D DRG

DAYS	DRG	PROVIDER	OTHER PAYABLE	FACILITY	ADJUSTED	MANAGED CARE	TOTAL AMOUNT
/TRT	CODE	CHARGE	/ WITHHOLD	ALLOWABLE	PROV. CHARGE	DEDUCTION(S)	PAID
00001	460	959,421.46	920,708.90-	930,576.37	938,732.56	00.00	935,614.46

MESSAGES/REASONS: 0A , 406

*** DEDUCTIONS/OTHER INELIGIBLE ***

CONTRACT COINSURANCE: 42,961.91
TOTAL DEDUCTIONS/OTHER INELIGIBLE: 42,961.91
TOTAL SERVICES NOT COVERED: 4336.19
PATIENT'S SHARE : 42,961.91

*****IN-PATIENT

PATIENT: PATIENT NO: ADMIT DATE FROM DATE END DATE
CLAIM NO: CLAIM TYPE: C 04/26/10 04/26/10 04/28/10
GROUP-SUB NO: HPI: D DRG

DAYS	DRG	PROVIDER	OTHER PAYABLE	FACILITY	ADJUSTED	MANAGED CARE	TOTAL AMOUNT
/TRT	CODE	CHARGE	/ WITHHOLD	ALLOWABLE	PROV. CHARGE	DEDUCTION(S)	PAID

00002 745 928,810.50 922,076.49- 96,461.63 96,734.01 00.00 96,217.96

MESSAGES/REASONS: 0A , 406

*** DEDUCTIONS/OTHER INELIGIBLE ***

CONTRACT COINSURANCE : _____ 9243.67
TOTAL DEDUCTIONS/OTHER INELIGIBLE : _____ 9243.67
TOTAL SERVICES NOT COVERED : _____ 9272.38
PATIENT'S SHARE : _____ 9291.63

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MEMO 03/07 001040

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an Independent Licensee of the Blue Cross and Blue Shield Association