

BlueCross BlueShield of South Carolina Professional Remittance Guide

DUPLICATE COPY

PATIENT INFORMATION

PHYSICIAN NUMBER OR ETN	DATE OF SERVICE			PROCEDURE			DAYS/ UNITS	CHARGE SUBMITTED	COVERED CHARGE	AMOUNT ALLOWED	PATIENT LIABILITY				PAYMENT	MESSAGE
	M O	D A	Y R	CODE	M O D	M O D					DEDUCT.	COPAY	COIN.	OTHER		
ACCT# *				ID/CARD#			SQL		NAME:		CLAIM#					
	01	02	07	98941			1	53.00	53.00	36.19		.00	.00	.00	.00	367
	01	05	07	98940			1	42.00	42.00	26.01		.00	.00	.00	.00	367
	01	05	07	98943	51		1	40.00	.00	.00		.00	.00	.00	.00	106
				CLAIM TOTAL				135.00	95.00	62.20		.00	.00	.00	.00	
106	THIS BENEFIT PLAN DOES NOT COVER THIS.															
367	AMOUNT EXCEEDS MAXIMUM ALLOWANCE.															

Provider/Patient Summary Information

- ACCT#** Patient account number that is determined and submitted by provider
- Physician Number or EIN** Rendering physician Tax Identification number
- Date of Service MO** Numeric month of the year
- Date of Service DA** Numeric day of the month
- Date of Service YR** Numeric year
- ID/CARD#** Member's policy number
- NAME** Patient's last name, then first name
- CLAIM #** Unique claim number assigned to every claim by BlueCross BlueShield of South Carolina

Procedure Summary Information

- Code** CPT procedure code filed on claim
- MOD** Modifier(s) filed for procedure
- Days/Units** Number of DUTs submitted for the procedure
- Charge Submitted** Charge submitted for each line/procedure
- Covered Charge** Charges considered for reimbursement
- Allowed Amount** Negotiated reimbursement for procedure
- Claim Total** Displays total charges, allowed amounts, patient liability and payment
- Payment** Payment to the provider, based on the contract reimbursement terms
- Message** Message codes that cross reference to explanations about the processing of the claim. (Last page of remit)

Patient Liability Summary Information

- Deduct.** Deductible – The amount of expense the member must pay before coverage applies
- Copay** Per occurrence expense the member must pay at time of service
- Coin.** Coinsurance – Expense payable by member that is in excess of the percentage of covered benefits
- Other** Other expenses payable by the member