

Bi-Weekly Return File

Paid Claim Example

11242E1513788P CANARY, DONNA 780780780 137881 23 05 2301 176L 078983 176L 078983 p1E 000000 000000 0000078983 012 1029456236

Rejected and Pended Claim Example

5006299946601301301300566FSTONE, CORINNE Z166916110423011015B0069651 ABPp7 077R 1001171743
5012091001903853853850153MWHYTE, JAMES Z17 120423012332J0946591 AJFp5 100P 1030206365

Recovered Claim Example

9691610015755P RICHARDSON, JOHN 312312312 157550 15 05 2301 030J 015985 030J -015985 Ap6 -000000-000000-0000015985 -012 1030206169
9691610015755P RICHARDSON, JOHN 312312312 157550 15 05 2301 030J 015985 030J 015985 Ap6 000000 000000 0000015985 012 1030206169
9691610015755P RICHARDSON, JOHN 312312312 157551 15 05 2316 031J 068800 031J -068800 Ap6 -000000-000000-0000068800 -162 1030206169
9691610015755P RICHARDSON, JOHN 312312312 157551 15 05 2316 031J 068800 031J 068800 Ap6 000000 000000 0000068800 162 1030206169
96916100 T SUB TOTAL 0000169570 0000000000 A 0000000000 0000000000 0000000000 p6

Paid Claim Example

Mode	Practitioner Number	Clinic	External Claim Number	Status	Last Name	First Name	HSN	External Claim Number (last digit is the sequence #)	Date of Service			Number of Units	Service Code Submitted	Fee Submitted	Paid Service Code	Paid Amount	Payment Run Code	Form Type	Filler	Filler	Filler	Paid Total Amount	Number of Units	Location of Service	CPS Claim #
1	1242	E15	13788	P = Paid	Canary	Donna	780780780	137881	23	05	23	01	176L	0789.83	176L	0789.83	p1	E	000000	000000	0000	0789.83	01	2	1029456236

Rejected and Pended Claim Example

Record Type Number	Practitioner Number	External Claim Number	HSN	Date of Birth (mmyy)	Gender	Last Name	First Name	Diagnostic Code	Referring Practitioner Number	Date of Service (ddmmyy)	Number of Units	Location of Service	Service Code Submitted	Fee Submitted	Mode	Corporation Indicator	Explanatory Code #1	Payment Run Code	Clinic Number	Status	Explanatory Code #2	Explanatory Code #3	CPS Claim #
50	0629	994660	130130130	0566	F	Stone	Corinne	Z16	6916	110423	01	1	015B	0069.65	1	A	BP	p7	077	R = Rejected			1001171743
50	1209	100190	385385385	0153	M	Whyte	James	Z17		120423	01	2	332J	0946.59	1	A	JF	p5	100	P= Pended			1030206365

Recovered Claim Example

Record Type Number	Practitioner Number	Clinic Number	External Claim Number	Status	Last Name	First Name	HSN	External Claim Number (last digit is the sequence #)	Date of Service			Number of Units	Service Code Submitted	Fee Submitted	Service Code Submitted	Amount	Corporation Indicator	Payment Run Code	Filler	Filler	Amount DR or CR	Number of Units	Location of Service	CPS Claim #
9	6916	100	15755	P = Paid	Richardson	John	312312312	157550	15	05	23	01	030J	015985	030J	-15985	A	p6	-000000	-000000	-0000015985	01	2	1030206169
Record Type Number	Practitioner Number	Clinic Number		Trailer Record													Corporation Indicator		Filler	Filler	Filler			Payment Run Code
9	6916	100		T					SUB TOTAL	0000169570		0000000000					A		0000000000	0000000000	0000000000			p6