Wyoming Department of Health
Office of Medicaid
OPPS – Sample Remittance Advice

Changes to the Remittance Advice

REMITTANCE ADVICE

TO: GENERAL HOSPITAL R.A. NO.: 0000001 DATE PAID: 07/06/05 PROVIDER NUMBER: 123456700 PAGE: 1

	1ST-LAST DATE	TRANS-CONTROL-NUMBER PROC/MOD	REV	UNITS	BILLED AMT.	OTHER INS.	PAID BY MCAID	COPAY AMT	WRITE OFF	S	PLAN	FEE	APC	DIS FML
	* * * CLAIM TYPE: OUTPATIENT					* * * CLAIM STATUS: PAID								
ORIGINAL CLAIMS:														
* MOUSE	M MICKEY	RECIP ID: 0699999999				PATIENT ACCT #: ABCDEFG								
	0-05185-22-100-0001-00				3233.00	0.00	2987.13	0.00	245.87					
LI: 001	07/01/05 07/01/05		0258	4	134.00	0.00	0.00	0.00	134.00	6	MCAD	M01		
LI: 002	07/01/05 07/01/05		0259	84	459.00	0.00	0.00	0.00	459.00	6	MCAD	M01		
LI: 003	07/01/05 07/01/05	80050	0300	1	32.00	0.00	32.00	0.00	0.00	B	MCAD	M01		
LI: 004	07/01/05 07/01/05	82247	0300	1	10.00	0.00	6.62	0.00	3.38	F	MCAD	M01		
LI: 005	07/01/05 07/01/05	88302	0310	1	28.00	0.00	9.48	0.00	18.52	5	MCAD	M01	00342	1
LI: 006	07/01/05 07/01/05	47562	0360	1	951.00	0.00	1959.35	0.00	-1008.35	5	MCAD	M01	00131	2
LI: 007	07/01/05 07/01/05	44970	0360	1	951.00	0.00	979.68	0.00	-28.68	5	MCAD	M01	00131	5
LI: 008	07/01/05 07/01/05		0370	103	648.00	0.00	0.00	0.00	648.00	6	MCAD	M01		
LI: 009	07/01/05 07/01/05	J0330	0636	1	20.00	0.00	0.00	0.00	20.00	6	MCAD	M01		