EXAMPLE 1

NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT

XYZ CORPORATION
ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
ANYWHERE NC 22222

280767

PROVIDER NUMBER 8900000 REPORT SEQ. NUMBER 21 DATE 10/27/1999 PAGE 1

NAME / RECIPIENT ID / POPULATION GROUP	SERVICE DATES FROM MM DD CCYY	SERVICE DATES TO MM DD CCYY	DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANATION CODES
PAID CLAIMS MEDICAL												
JONES MARY D CO=81 RCC=				CLAIM NUMBER=101999165181580*NCXIX*								
988888888A				MED REC=9999999					ATTN PROV=89XXXX		1.0000	
NCXIX	06011999	06011999	1 3	99244 25 OUTPT. CONSULT, SEVERE- PHY	23000	11029	11971	00	11971	00	11971	534
NCXIX	06011999	06011999	1 3	93526 26 COMB RT HEART CATHETERIZATI	130000	00	130000	00	130000	00	130000	99
NCXIX	06011999	06011999	1 3	93543 INJECTION FOR HEART X-RAY	25100	22328	2772	00	2772	00	2772	98
NCXIX	06011999	06011999	1 3	93545 INJECTION FOR HEART X-RAY	42500	39585	2915	00	2915	00	2915	98
NCXIX	06011999	06011999	1 5	93555 26 IMAGING SUPERVISION, INTERP	26000	22581	3419	00	3419	00	3419	98
NCXIX	06011999	06011999	1 5	93556 26 IMAGING SUPERVISION, INTERP	36500	32438	4062	00	4062	00	4062	98
DEDUCTIBLE= .00 PAT LIAB= .00				*CO PAY= .00 TPL= .00*	*283100*	*127961*	*155139*	*00*	*155139*	*00*	*155139*	
ORIGINAL BILLED AMOUNT= 2831.00				*ORIGINAL DETAIL COUNT=*	*6*		*TOTAL FINANCIAL PAYERS=*			*1*		
MOORE JOE D CO=77 RCC=				CLAIM NUMBER=101999170192650*NCXIX*								
999777777A				MED REC=00008888888					ATTN PROV=8900000		1.0000	
NCXIX	05311999	05311999	4 3	84520 UREA NITROGEN; QUANTITATIVE	2000	1061	939	00	939	00	939	2955
NCXIX	05311999	05311999	1 3	82565 CREATININE; BLOOD	2300	2300	00	00	00	00	00	2954
NCXIX	05311999	05311999	1 3	84132 POTASSIUM SERUM	2000	2000	00	00	00	00	00	2954
NCXIX	05311999	05311999	1 3	85014 BLOOD COUNT; OTHER THAN SPU	1400	1073	327	00	327	00	327	98
NCXIX	05311999	05311999	1 3	85018 HEMOGLOBIN	1800	1473	327	00	327	00	327	98
NCXIX	06011999	06011999	1 3	93010 ELECTROCARDIOGRAM REPORT	3500	2491	1009	00	1009	00	1009	534
DEDUCTIBLE= .00 PAT LIAB= .00				*CO PAY= .00 TPL= .00*	*13000*	*10398*	*2602*	*00*	*2602*	*00*	*2602*	
ORIGINAL BILLED AMOUNT= 130.00				*ORIGINAL DETAIL COUNT=*	*6*		*TOTAL FINANCIAL PAYERS=*			*1*		
2 CLAIMS 15				MEDICAL *******	296100	138359	157741	00	157741	00	157741	
****--> TOTAL PAID CLAIMS				2 CLAIMS	296100	138359	157741	00	157741	00	157741	