

### Remittance and Status Report (RA) Sample

NAME RECIPIENT ID	SERVICE DATES	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								
	CO=41 RCC=		CLAIM NUMBER =109900812033052 MEDREC=  PTLIB= COPAY=0.00 TPL=								