

15813 C W Hadan Dr
Bennington NE 68007-2017

Claim Number: 20190490000120 Patient Name: TOB:

Claim Line#	Rev	Service Code	Service From Date	Service Thru Date	Billed Amount	Allowed Amount	Provider Penalty	Deduct	Copay	Co-ins	Non Covered	Member Amount	Paid Amount
1		D0274	01/10/19		-59.00	0.00	0.00	0.00	0.00	0.00	-59.00	-59.00	0.00
		Message Code*: BP08											
2		D0120	01/10/19		-45.00	-32.25	0.00	0.00	0.00	0.00	0.00	0.00	-32.25
		Message Code*:											
3		D1110	01/10/19		-80.00	-57.00	0.00	0.00	0.00	0.00	0.00	0.00	-57.00
		Message Code*:											
4		D1206	01/10/19		-29.00	-28.80	0.00	0.00	0.00	0.00	0.00	0.00	-28.80
		Message Code*:											
CLAIM TOTAL					-213.00	-118.05	0.00	0.00	0.00	0.00	-59.00	-59.00	-118.05

Adjustment Message: Payment Impact: FALSE

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1		D0274	01/10/19		59.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Message Code*: 3											
2		D0120	01/10/19		45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Message Code*: 3											

- 1 When a claim is adjusted, the adjustments are listed under the same claim number.
- 2 All amounts are listed as negative to indicate the claim has been backed out.
- 3 This means the adjustment does not impact this payment.
- 4 This message indicates the amount retracted from the adjusted claim, which will be recouped after 40 days.



PO Box 3248
Omaha, Nebraska 68180-0001

QUALITY DENTAL CARE LLC
15813 C W Hadan Dr
Bennington NE 68007-2017

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3		D1110	01/10/19		80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Message Code*: 3											
4		D1206	01/10/19		29.00	28.80	0.00	0.00	0.00	0.00	0.00	0.00	28.80
		Message Code*:											
CLAIM TOTAL					213.00	28.80	0.00	0.00	0.00	0.00	0.00	0.00	28.80

Adjustment Message: This claim has been adjusted and resulted in \$89.25 being retracted. Payment Impact: FALSE

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