

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVIC DATE (MMDDYY)	AMOUNT	STATUS	RECIPIENT NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
12689			082120	5.84	P	[REDACTED]				
			082120	5.08	P	[REDACTED]				
			082120	41.38	R	[REDACTED]			3.30	0.00
			082120	41.38	R	[REDACTED]			0.00	0.00
			082120	41.38	R	[REDACTED]			0.00	0.00
1199086	REPLACEMENT OF ORIGINAL CCN 2016900003910000A	01	080519	255.08	R	[REDACTED]				
			080519	592.92	R	[REDACTED]		L01 225	0.00	0.00
		2		101.38					0.00	0.00

The original CCN that was voided

Replacement transaction

New CCN

A replacement transaction will appear on the remittance advice, indicated by *Replacement of Original CCN* with the new CCN, along with other listed CCNs adjudication results

\$101.38

FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".
 IF YOU STILL HAVE QUESTIONS PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

CERT. PG TOT	MEDICAID PG TOT
CERTIFIED AMT	MEDICAID TOTAL
	CHECK TOTAL

STATUS CODES:
 P - PAYMENT MADE
 R - REJECTED
 S - IN PROCESS
 E - ENCOUNTER
 CHECK NUMBER

PROVIDER NAME AND ADDRESS
 [REDACTED]

PROVIDER ID. 000000168
 DEPT OF HEALTH AND HUMAN SERVICES
 SOUTH CAROLINA MEDICAID PROGRAM

ADJUSTMENTS

PAYMENT DATE 06/19/2020
 VENDOR [REDACTED]
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Void transaction

PROVIDERS OWN REF. NUMBER	REL NUMBER	IND	MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	S	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME	M O D	ORG CHECK DATE	ORIGINAL CCN
1044343	20169000037000000U 01		070819	99214	-255.08 -255.08	-81.15 -81.15	P P	[REDACTED]	[REDACTED]	000	191101	1929700239812900A
TOTALS												

Void transaction will have a 'U' at the end of its CCN

The original CCN that was voided

The void transaction will appear on the adjustment page of the remittance advice

PROVIDER INCENTIVE CREDIT AMOUNT
0.00

DEBIT BALANCE PRIOR TO THIS REMITTANCE
0.00

MEDICAID TOTAL
101.38

CERTIFIED AMT
0.00

0.00

TO BE REFUNDED IN THE FUTURE
0.00

YOUR CURRENT DEBIT BALANCE
0.00

ADJUSTMENTS
-81.15
CHECK TOTAL
20.23

0.00
CHECK NUMBER
9083773

PROVIDER NAME AND ADDRESS
[REDACTED]