



PHP of Northern Indiana, Inc.
1700 Magnavox Way
Ste 201
Fort Wayne IN 46804

CARLOS PORTU MD PLLC
1111111111
0000000
20190221
\$236.94
Page 1 of 1

EXPLANATION OF PAYMENT

PAYMENT DATE: 02/21/2019
PAYEE NPI: 1111111111
CHECK NUMBER: 0000000
CLAIM COUNT: 1
TOTAL CLAIM PAYMENT: \$236.94
TOTAL PROVIDER ADJ: \$0.00
CHECK AMOUNT: \$236.94

0005205 01 MB 0.425 **AUTO T2 0 1093 34113-842158-C03-P00000-I 234



RACOS L ROPU MD PLLC
51000 MIAMI TRL STE 210
FLENS PA 11348-2413

Questions? Please contact Customer Service at 1-260-432-6690 ext. 11
or 1-800-982-6257 ext. 11.



Get Paid Faster! Register for ERA/EFT at <https://register.instamed.com/eraeft> and enter Registration Code: 4GR64F

PROVIDER CLAIM SUMMARY

SERVICE DATES FROM TO		PROCEDURES (MODIFIER)	NO. OF UNITS	AMOUNT BILLED	ALLOWED	PAYMENT	PATIENT RESPONSIBILITY	COB	NON-ALLOWABLE	WITHHOLD	ADJUSTMENT REASON	REMARKS
Patient: 20020020000 BALY BLAK L					Subscriber: 20020020000 BALY BLAK L				Payer Claim #: 19035A90909			
Pat. Acct #: 019199199199					Network: PHCS HEALTHY DIRECTIONS				Provider: 1527719035 RACOS ROPU			
Status: Processed as Primary					Interest:							
01/31/19	01/31/19	90404	1	347.50	276.94	236.94	40.00	0.00	70.56	0.00	PR-3,CO-131	
Total for Claim				347.50	276.94	236.94	40.00	0.00	70.56	0.00		

ADJUSTMENT REASON Codes

REMARKS Codes

CODE	DESCRIPTION	CODE	DESCRIPTION
PR-3	Co-payment Amount		
CO-131	Claim specific negotiated discount.		

If Network is blank and the Adjustment Reason Code is 45 then claim was calculated using Data iSight. Refer to datasight.com or 866-835-4022.

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Fort Wayne IN 46804

Wells Fargo BANK, N.A
401 Plum Street
Red Wing, MN 55066

No. 0008370000
02/21/19

VOID VOID VOID

TWO HUNDRED THIRTY SIX and 94/100

Void after 180 days

\$236.94

PAY
TO THE
ORDER
OF
RACOS L ROPU MD PLLC
51000 MIAMI TRL STE 210
FLENS PA 11348-2413

⑈0008000301⑈ ⑆001000405⑆ 20050⑈