

Sample Activate Member Choice Account Payment

COMPANY LOGO, ADDRESS

Customer Service Phone No.: 1 (800) 111-2222

Check cut to: MEDICAL CENTER
1234 MAIN ST
HOMETOWN USA 12345

Provider ID: 100100100
NPI NO: 0101010101
Check NO: 00000101

Date: 07/01/2008
Voucher No: 11M0000000000001

CLAIM VOUCHER

Medical Plan 1 Claims

Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg. Codes
From	Through									Deductible	Copay	Coinsurance	Non Covered		
05/01/08		MCAA	1	\$50.00	\$50.00				\$50.00						ZM0
Current Claim Total				\$50.00	\$50.00				\$50.00						

Patient Name: JOHN DOE Insured Name: JOHN DOE Group # 88888888 **A** Claim # M00000000001
 Patient Acct# 22222222 ID# 1111111111 Medical Plan 1 Del Prov: JANE SMITH **B**

Total Medical Plan 1 Claims

Billed Amount	Allowed Amount	Contract. Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid
\$50.00	\$50.00				\$50.00			

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PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL BALANCE FORWARD	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
\$50.00					\$50.00	07/2/2008

C ZM0 This is a Members Choice Account payment.

Item A

- Claim number begins with an M

Item B

- The message code is ZMO

Item C

- Explanation of ZMO message code