

## Example Electronic Claims Report

The file name to ask your vendor/clearinghouse to forward to you after each claim submission is **RP T/ ERR** . This file is sent to the vendor/clearinghouse within 48 hours of sub missi on. Be sure to work with your vendor to receive your rep ort s.

### Example

#### Confirmation Section

RUN DATE: 05/14/2008      PARAMOUNT HEALTH CARE      PAGE: I  
RUN TIME: 18:56:49      ELECTRONIC CLAIMS SUBMITTED ON: 20080514  
PN=CLMU016      FOR SITE **XXXX** - **YOUR NAME**      REF ID = **YOUR ID#**

RECORD#	CLAIM#	MEMBER#	FIRST NAME	LAST NAME	DOS	TOT CHG	PROV#	NP!#	TAXID	TRACE #
0000754161	080513095090	P000000000 I	DOROTHY	<b>XXXXXX</b>	20080507	\$5,300.00	11111	1111111111	34111111	
0000754871	080513095091	A000000000 I	CAMILLE	<b>XXXXXXXX</b>	20080507	\$3,000.00	11 111	111111 1111	34111111 I	
0000756581	080513095092	P000000000I	WILLIAM	<b>XXXXI</b>	20080507	\$3,000.00	11111	11 1111 111 1	341111 111	
0000792891	080513095093	P000000000I	WILLIAM	<b>XXXXI</b>	20080507	\$165.00	11 111	11 1111 111 1	341111 111	
0000792901	080513095094	P000000000I	WILBUR	<b>XXXXXXXXI</b>	20080507	\$165.00	Jilli	1111111111	34111111	
000077711		4444663333	JOHN	<b>XXXXXX</b>	20080507	\$190.00	11111	1111111111	341111111 1	20080514003237699458

BATCH STATISTICS  
TOTAL CLAIMS      TOTAL DOLLARS      CLAIMS  
SUBMITTED      SUBMITTED      WITH ERRORS  
5      11,820.00      1

#### Error Section

RUN DATE: 05/14/2008      PARAMOUNT HEALTH CARE      CLAIMS ERROR REPORTS  
RUN TIME: 18:56:49      \*\*\* WORK OFF ERRORS AND RESUBMIT\*\*\*      PAGE: I  
PN=CLMU016      FOR SITE **XXXX** - **YOUR NAME**      REF ID = **YOUR ID#**

MEMBER#: 444663333      MEDICAL RECORD#: 777711  
MEMBER: JOHN XXXXX      PHYSICIAN:  
DOS: 20080507      PROVIDER#:111111111111 (NP!)  
TOTAL CHG: \$190.00      TAX ID: 3411 1111  
TRACE#: 20080514003237699458  
FIELD VALUE: 444663333 ERR MSG: INVALID MEMBER NUMBER

ACCURACY PERCENT: 83.33%  
THE ERRORS LISTED ABOVE MUST BE CORRECTED AND THE ENTIRE CLAIM RESUBMITTED

The claim number indicated is for each **CLEAN** claim that was uploaded successfully.

When you do not see a claim number this means we received the claim in the file, but it had an error and the claim was not uploaded to our system. The erred claim will show up on the errors page. **You will need to resubmit the entire claim electronically.**

When calling Provider Inquiry about a claim's status, please reference the claim number for quick lookup.