RR|4|953994980|T|560591294|MOME|NOT AVAILABLE|H|11~

Emdeon Business Services Division
MEDICAL Claims Distribution System

Special Handling/Unprocessed Claims Report

Report Date: 05/13/11

Report #: RPT-11

Acct ID: NOT AVAILABLE NPI: 1629170147

Submitter ID: 953994980 Customer ID/Sub: 56###1294 MOME
Submitter Name: APOLLO SPECIALITY FOR CAN Customer Name: FAMILY PRACTICE OF

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DISCLAIMER

YOUR REJECTIONS ARE NOW AVAILABLE ONLINE. PLEASE USE THE LINK BELOW TO LOGIN OR REGISTER: HTTPS://ACCESS.EMDEON.COM

THE CLAIMS REPORTED HERE ARE UNABLE TO BE PROCESSED BY THE PAYER AND A CORRECTIVE ACTION SHOULD BE TAKEN.

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CLAIM STATUS

Status: 33 Subscriber and subscriber id not found.

Provider ID: 56###1294 Payer Name: COVENTRY HEALTH CARE
Payer Grp #: 9318230003 Partial Claim?: 1
Insured ID: 80#####7002 Payer ID: 25133
Patient: R@@@@Y J W Payer Phone:
Pat Ctrl #: FPE30298 Payer Ref:
Patient DOB: Payer Report Type: CSTAT 3X
Total Charge: 158.00 Payer Status Date/Time: 051111/00:00:00
Amount Paid: 0.00 Emdeon Process Date: 051211
Emdeon Ref: EPXXXXX00793I77 Emdeon Claim ID: EP081310743355287
Subm Clmid: DOS: 072810-072810
Data In Error:

Status: 570 Rej- DOS prior to member effective date

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