

Schaller Anderson of Arizona, L.L.C.  
 Family Planning  
 P.O. Box 60785  
 Phoenix, AZ 85082

**If you have any questions  
 Please contact the Claims Department at  
 (602) 263-3000 or (800) 624-3879**

**Remit Date:** 05/24/2009

**Beginning Balance:** 0.00  
**Processed Amount:** 239.04  
**Discount/Penalty:** -2.40  
**Net Amount:** 0.00  
**Refund Amount:** 0.00  
**Amount Recouped:** 0.00  
**Amount Paid:** 236.64  
**Ending Balance:** 0.00  
**Check #:** 123456  
**Check Amount:** 236.64

**Forwarding Service Requested**

HOSPITAL CENTER  
 987 E. RIVER STREET  
 P O BOX 1234  
 PHOENIX, AZ 85004

**EXAMPLE # 2**

HOSPITAL CENTER

TIN: 123456789  
 Benefit Plan: AHCCCS Acute

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| <b>Patient:</b> DOE, JANE        |                                |           | <b>Patient Acct #:</b> 333333333333 |          |          | <b>Claim Status:</b> PAID    |               |            |                  |        |          |                  |                   |            |
|----------------------------------|--------------------------------|-----------|-------------------------------------|----------|----------|------------------------------|---------------|------------|------------------|--------|----------|------------------|-------------------|------------|
| <b>Member ID:</b> 999999999      |                                |           | <b>Authorization ID:</b>            |          |          | <b>Claim #:</b> 050328888888 |               |            |                  |        |          |                  |                   |            |
| <b>Date of Birth:</b> 12/24/1950 |                                |           | <b>Provider:</b> HOSPITAL CENTER    |          |          | <b>Refund Amount:</b>        |               |            |                  |        |          |                  |                   |            |
| Line #                           | Dates of Service (From - Thru) | Serv Code | Mod Code                            | Rev Code | FFS/ CAP | Units                        | Billed Amount | Disallowed | Allowable Amount | Co-Pay | COB Paid | Processed Amount | Discount/ Penalty | Net Amount |
| 1                                | 02/06/08                       | 58671     | RT                                  | 320      | FFS      | 1                            | 34.00         | 0.00       | 32.64            | 0.00   | 0.00     | 32.64            | -0.33             | 32.31      |
| <b>Claim Totals</b>              |                                |           |                                     |          |          |                              | 249.00        | 0.00       | 239.04           | 0.00   | 0.00     | 239.04           | -2.40             | 236.64     |

**Remit Totals**

**Remit Totals**

| Billed Amount | Disallowed | Allowable Amount | Co-Pay | COB Paid | Processed Amount | Discount/ Penalty | Net Amount |
|---------------|------------|------------------|--------|----------|------------------|-------------------|------------|
| 249.00        | 0.00       | 239.04           | 0.00   | 0.00     | 239.04           | -2.40             | 236.64     |

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SAMPLE

**EXAMPLE # 2**

Schaller Anderson of Arizona, L.L.C.  
Family Planning  
P.O. Box 60785  
Phoenix, AZ 85082

**Forwarding Service Requested**

HOSPITAL CENTER  
TIN: 123456789



**EXAMPLE # 2**

|                           |            |
|---------------------------|------------|
| <b>Remit Date:</b>        | 05/24/2009 |
| <b>Beginning Balance:</b> | 0.00       |
| <b>Processed Amount:</b>  | 239.04     |
| <b>Discount/Penalty:</b>  | -2.40      |
| <b>Net Amount:</b>        | 0.00       |
| <b>Refund Amount:</b>     | 0.00       |
| <b>Amount Recouped:</b>   | 0.00       |
| <b>Amount Paid:</b>       | 236.64     |
| <b>Ending Balance:</b>    | 0.00       |
| <b>EFT Reference #:</b>   | EFT1234567 |
| <b>EFT Amount:</b>        | 236.64     |
| <b>Bank Account:</b>      | XXXXX1234  |

**Messages**

Schaller Anderson of Arizona, L.L.C. offers the following resources for additional information and assistance:

- (1) In accordance with Arizona Administrative Codes (AAC) R9-22-702, R9-28-702 and R9-31-702, "A contractor, subcontractor, or other provider of care or services shall not charge, submit a claim, demand, or otherwise collect payment from a member or eligible person, or a person acting on behalf of a member or eligible person, for any covered service except to collect an authorized co-payment or payment for additional services." This means that eligible members cannot be billed for covered services. Members must not be billed for services that are not paid due to the failure of the provider to comply with Health Plan authorization or billing requirements.
- (2) For Claims Inquiry please call (602) 798-2745 or (888) 836-8147 to verify that your claim was processed correctly or for clarification of information before initiating a claims dispute.

- (3) For Claims Resubmission and Reconsideration: Mark at the top of the claim "resubmission" or "reconsideration" and submit:
  - Nature of request;
  - Member's name, date of birth, member ID number;
  - Service/admission date;
  - Location of treatment, service, or procedure;
  - Documentation supporting request;
  - Copy of claim; and
  - Copy of the remittance advice on which the claim was denied or incorrectly paid.

Request for Resubmission and Reconsideration  
MUST be sent to:  
Schaller Anderson of Arizona, L.L.C.  
Attn: Claims R & R  
P.O. Box 60785  
Phoenix, AZ 85082-0785

Please note: You have 12 months from date of service to file a resubmission or request for reconsideration of a claim. If you have any questions please contact Claims Inquiry at (602) 798-2745 or (888) 836-8147.

- (4) To file a formal written claims dispute, submit:
  - Nature of request (legal and factual basis for appeal);
  - Member's name, date of birth, member ID number;
  - Service/admission date;
  - Location of treatment, service, or procedure;
  - Clinical information and/or medical records/documentation supporting request;
  - Copy of claim; and
  - Copy of the remittance advice on which the claim denied or incorrectly paid.

Claims disputes MUST be sent to:  
Schaller Anderson of Arizona, L.L.C.  
Attn: Appeals Department  
4350 E. Cotton Center Blvd., Bldg. D  
Phoenix, AZ 85040

Please note: Claims disputes must be filed within 12 months from date of service, 12 months after the date of eligibility posting or within 60 days after the date of a timely claim submission, whichever is less. Claims disputes challenging an adverse decision must be filed within 60 days.

**EXAMPLE # 2**