AGVPC
Family Planning
P.O. Box 60785
Phoenix, AZ 85082

If you have any questions
Please contact the Claims Department at
""""""(800) 786/7687

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
EFT Reference #:	EFT1234567
EFT Amount:	236.64
Bank Account:	XXXXX1234

Forwarding Service Requested

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

EXAMPLE # 2

TIN: 123456789
Benefit Plan: AHCCCS Acute

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HOSPITAL CENTER

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Patient: DOE, JANE **Patient Acct #:** 3333333333333 **Claim Status:** PAID
Member ID: 999999999 **Authorization ID:** **Claim #:** 050328888888
Date of Birth: 12/24/1950 **Provider:** HOSPITAL CENTER **Refund Amount:**

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
						Claim Totals	249.00	0.00	239.04	0.00	0.00	239.04	-2.40	236.64

Remit Totals

Remit Totals

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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

SAMPLE

EXAMPLE # 2

AGVPC
Family Planning
P.O. Box 60785
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Forwarding Service Requested

HOSPITAL CENTER
TIN: 123456789

EXAMPLE # 2

Remit Date:	05/24/2009
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Ending Balance:	0.00
EFT Reference #:	EFT1234567
EFT Amount:	236.64
Bank Account:	XXXXX1234

Messages

Agvpc 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.

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(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:
Agvpc
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:
Aetna
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.

SAMPLE

EXAMPLE # 2