Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134

Explanation of Provider Payment

Payee: Nice Provider
P.O. Box 100
Anytown, MO 00000

Date: 9/6/2002
Check #: 112623
Statement Date: 7/10/2002
Amount: $340.00

Provider ID: 123-45-6789 0000
Provider Name: Nice Provider
Program: Early Intervention

Service Category	Service Dates	Amount Billed	Amount Denied	See Note	Amount Disallowed	Paid Previously	Amount Paid
Patient: KEELIE Smith		SSN: 123-45-6789				Claim: 020708-30-1106	
Account:		Parent/Guardian: CRYSTAL Smith-Parent				ID: 9604-00747	
Occupational Therapy	6/27/2002	40.00	0.00		0.00	0.00	40.00
Occupational Therapy	7/2/2002	40.00	0.00		0.00	0.00	40.00
	Sub-Totals	$80.00	$0.00		$0.00	$0.00	
						Paid to Provider:	$80.00
Patient: GIANLUCA Smith		SSN: 123-45-6789				Claim: 020708-30-1107	
Account:		Parent/Guardian: TONY Smith-Parent				ID: 9603-01198	
Occupational Therapy	7/2/2002	80.00	0.00		0.00	0.00	80.00
	Sub-Totals	$80.00	$0.00		$0.00	$0.00	
						Paid to Provider:	$80.00
Patient: GIANLUCA Smith		SSN: 123-45-6789				Claim: 020708-30-1108	
Account:		Parent/Guardian: TONY Smith-Parent				ID: 9603-01198	
Occupational Therapy	6/15/2002	180.00	0.00		0.00	0.00	180.00
	Sub-Totals	$180.00	$0.00		$0.00	$0.00	
						Paid to Provider:	$180.00
	Provider Totals	$340.00	$0.00		$0.00	$0.00	
						Total Paid to Provider	$340.00

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P.O. Box 100
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Grand Totals:	
Previous Balance:	$0.00
Provider Claims:	$340.00
Payee Transactions:	$0.00
Check Amount:	$340.00
Check #:	112623