

## Sample SPR Beginning April 1, 2002

CARRIER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP  
(9099) 111-2222

MEDICARE  
REMITTANCE  
NOTICE

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

PROVIDER #: 1234567890  
PAGE #: 1 OF 999  
DATE: 04/01/02  
CHECK/EFT #: 12345678901234567890

```

.....
*LINE 1 *
*LINE 2 *
*LINE 3 *
*LINE 4 *
*LINE 5 *
*LINE 6 *
*LINE 7 *
*LINE 8 *
*LINE 9 *
*LINE 10 *
*LINE 11 *
*LINE 12 *
*LINE 13 *
*LINE 14 *
*LINE 15 *
.....
  
```

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LLLLLLLLLLLL, FFFFFFFF HIC 123456789012 ACNT 12345678901234567890 ICN 123456789012345 ASG X MOA 1111 2222 33333 44444 55555												
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd		1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
					(PPPPP) REM:		RRRRR	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd		1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
					(PPPPP) REM:		RRRRR	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd		1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
					(PPPPP) REM:		RRRRR	RRRRR	RRRRR	RRRRR	RRRRR	RRRRR
PT RESP	1234567.12				CLAIM TOTALS		1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12
ADJS:	PREV PD	1234567.12			INT	1234567.12			LATE FILING CHARGE	1234567.12		NET 1234567.12
CLAIM INFORMATION FORWARDED TO: XXXXXXXXXXXXXXXXXXXXXXXXXX												

CARRIER NAME  
 PROVIDER #: 1234567890  
 CHECK/EFT #:12345678901234567890

YYYY/MM/DD

(999) 111-2222  
 PROVIDER NAME  
 PAGE #: 999 OF 999

**MEDICARE  
 REMITTANCE  
 NOTICE**

PERF	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LLLLLLLLLLLL, FFFFFFFF HIC 123456789012 ACNT 12345678901234567890 ICN 123456789012345 ASG X MOA 11111 22222 33333 44444 55555											
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
PT RESP 1234567.12			CLAIM TOTALS			1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12
ADJS: PREV PD 1234567.12			INTEREST 1234567.12			LATE FILING CHARGE 1234567.12			NET 1234567.12		
CLAIM INFORMATION FORWARDED TO: XXXXXXXXXXXXXXXXXXXXXXXXXXXX											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	99999	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12

PROVIDER ADJ DETAILS: PLB REASON CODE	FCN	HIC	AMOUNT
1111	12345678901234567	123456789012	1234567.12
2222	12345678901234567	123456789012	1234567.12
3333	12345678901234567	123456789012	1234567.12
4444	12345678901234567	123456789012	1234567.12
5555	12345678901234567	123456789012	1234567.12

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES

XX	TTT.....
XXX	TTT.....
MXX	TTT.....
XX	TTT.....

CARRIER NAME  
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 CHECK/EFT #:12345678901234567890

YYYY/MM/DD

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 PAGE #: 999 OF 999

**MEDICARE  
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 NOTICE**

**SUMMARY OF NON-ASSIGNED CLAIMS**

PERF	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LLLLLLLLLLLL, FFFFFFFF HIC 123456789012 ACNT 12345678901234567890 ICN 123456789012345 ASG X MOA 11111 22222 33333 44444 55555											
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
1234567890	MMDD	MMDDYY	12	123	PPPPP aabccdd (PPPPP) REM:	1234567.12	1234567.12	1234567.12	1234567.12	GPRRR 1234567.12	1234567.12
PT RESP 1234567.12			CLAIM TOTAL			1234567.12	1234567.12	1234567.12	1234567.12	1234567.12	1234567.12
CLAIM INFORMATION FORWARDED TO: XXXXXXXXXXXXXXXXXXXXXXXXXXXX											

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