

**Health Choice Arizona, Inc.**  
 410 N. 44th Street  
 Suite 500  
 Phoenix, AZ 85008



201703020127



1 OF 2  
 ENV 10082

**Forwarding Service Requested**

IF you have any questions  
 Please call (480) 968-6866

ALL FOR AADC 852  
 10082 0.5486 AB 0.400



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**\*\*VISIT OUR PROVIDER PORTAL TO GET UP TO DATE INFORMATION AND CLAIMS/AUTHORIZATION STATUS INSTANTLY.**  
 WWW.HEALTHCHOICEAZ.COM/GENERALPROVIDERS

**Expedite cash flow with ERA. Sign up today!** Health Choice has contracted with Change Healthcare, a leading provider of revenue and payment cycle solutions, to deliver ERAs in the HIPAA-compliant 835 format! Sign-up for all your authorized representatives today by going to [www.emdeon.com/epayment](http://www.emdeon.com/epayment) for more information. Enrollment for this service is offered to you at no additional cost and is available online or by calling 1.866.506.2830 and selecting Option 1.

**Invoice #:** [REDACTED]  
**Check No:** [REDACTED]  
**Provider TIN:** [REDACTED]  
**Provider ID #:** [REDACTED]  
**Payee NPI #:** [REDACTED]  
**Date:** 3/03/17

Service Dates From To	Service Code	# Units	Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-Pay Amount	Withhold Amount	Paid Amount	Adjustment-Reason/code
<b>Member:</b> [REDACTED]			<b>Member #:</b> [REDACTED]			<b>Claim #:</b> [REDACTED]					
<b>Provider:</b> [REDACTED]			<b>Account No:</b> [REDACTED]			<b>Plan:</b> [REDACTED]					
<b>Attending NPI #:</b> [REDACTED]			<b>Paid DRG:</b> [REDACTED]								
11/03/16-11/03/16	97140	2	82.94	0.00	18.94	64.00	0.00	0.00	0.00	64.00	AF
<b>Claim Totals:</b>			82.94	0.00	18.94	64.00	0.00	0.00	0.00	64.00	

<b>Member:</b> [REDACTED]			<b>Member #:</b> [REDACTED]			<b>Claim #:</b> [REDACTED]					
<b>Provider:</b> [REDACTED]			<b>Account No:</b> [REDACTED]			<b>Plan:</b> [REDACTED]					
<b>Attending NPI #:</b> [REDACTED]			<b>Paid DRG:</b> [REDACTED]								
11/03/16-11/03/16	97140	2-	-82.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	RA
<b>Claim Totals:</b>			-82.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

<b>Member:</b> [REDACTED]			<b>Member #:</b> [REDACTED]			<b>Claim #:</b> [REDACTED]					
<b>Provider:</b> [REDACTED]			<b>Account No:</b> [REDACTED]			<b>Plan:</b> [REDACTED]					
<b>Attending NPI #:</b> [REDACTED]			<b>Paid DRG:</b> [REDACTED]								
02/10/17-02/10/17	97110	4	183.08	0.00	119.08	64.00	0.00	0.00	0.00	64.00	CR
<b>Claim Totals:</b>			183.08	0.00	119.08	64.00	0.00	0.00	0.00	64.00	

Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-pay Amount	Withhold Amount
183.08	0.00	138.02	128.00	0.00	0.00	0.00

Total Paid Amount
128.00

**Statement Totals:**

**Adjustment-Reason/code Descriptions**

- AF ADJUSTMENT TO CASE RATE (CR)
- RA RECOUPMENT FOR AN ADJUSTED CLAIM
- CR INCLUDED IN CASE RATE ALLOWANCE
- \*\*\* Health Choice Arizona adjudicates claims that contain all information necessary for processing (i.e. "clean claims") within thirty (30) days of receipt. In accordance with A.R.S. § 36-2904 (G) and A.A.C. R9-22-705 (B), re-submission of a claim denied for any reason other than timeliness of submission must be received within twelve (12) months from the last date of service, or the date of eligibility posting, whichever is later, with the appropriate corrections or documentation. Claims that do not achieve a clean claim status within 12 months from the date of service or date of eligibility posting, whichever is later, will be denied. Mail Claim Re-submissions to: Health Choice Arizona; Attn: Claims Department; 410 N. 44th Street, #900; Phoenix, AZ 85008.

Additional details on claims re-submissions can be located in Chapter 7 of the Provider Manual, and on our website at: [http://www.healthchoiceaz.com/docs/providers/ProviderManual/HCA\\_CH-07\\_GeneralBillingRules.pdf](http://www.healthchoiceaz.com/docs/providers/ProviderManual/HCA_CH-07_GeneralBillingRules.pdf) Or, you may contact the Health Choice Claims Department at 1 (866)322-8670.

If you disagree with a decision made on your claim, you can file a Claim Dispute. In accordance with A.R.S. § 36-2903.01 (B)(4) and A.A.C. R9-34-405 (A), claim disputes challenging claim denials must be filed in writing no later than twelve (12) months from the date of service, twelve (12) months from the date of eligibility posting or within sixty (60) days after the date of denial of a timely claim submission, whichever is later. Untimely disputes will be denied as untimely and Health Choice Arizona will not address the merits of the dispute. Mail Claim Disputes to: Health Choice Arizona; Attn: Claim Dispute Department; 410 N. 44th Street, #900; Phoenix, AZ 85008.

Additional information regarding Claim Re-submissions and Claim Disputes can be located on our website at: [http://www.healthchoiceaz.com/docs/providers/providermanual/hca\\_ch15\\_claimdisputesandmemberappeals.pdf](http://www.healthchoiceaz.com/docs/providers/providermanual/hca_ch15_claimdisputesandmemberappeals.pdf) Or, you may contact the Health Choice Claim Dispute Department at 1 (866)322-8670.

\*\*\* HCA IS LIVE WITH EMDEON FOR ELECTRONIC CLAIMS. PAYOR ID 62179. PLEASE SUBMIT ALL CLAIMS ELECTRONICALLY. PLEASE SUBMIT ONLY THE 6 DIGIT AHCCCS ID OR NPI.