



**BlueCross BlueShield  
of Illinois**

A Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company,  
an Independent Licensee of the  
Blue Cross and Blue Shield Association

300 East Randolph  
Chicago, Illinois 60601 – 5099

**PROVIDER CLAIM SUMMARY**

DATE: MM/DD/YY

PROVIDER NUMBER: 0000009999

VOUCHER NUMBER: 03099999

TAX IDENTIFICATION NUMBER: 999999999

UPP PROVIDER  
STREET ADDRESS  
CITY STATE 99999 - 9999



MESSAGES WILL BE EXPLAINED ON PAGE 1

\*\*\*\*\*OUT-PATIENT

PATIENT: JANE DOE	PATIENT NO: AAA99999	ADMIT DATE	FROM DATE	END DATE
CLAIM NO: 0000123456789120C		MM/DD/YY	MM/DD/YY	MM/DD/YY
GROUP-SUB NO: H99999 XOH888888888			ICN NO:	

DAYS	ORIGIN	PROVIDER	BLUE CROSS	TOTAL AMOUNT	MANAGED CARE	TOTAL PATIENT	PROVIDER
TRT	CODE	CHARGE	PAID	PAID	DEDUCTION(S)	PORTION	LIABILITY
007	03	\$948.29	\$948.29	\$948.29	\$ 0.00	\$ 0.00	\$ 0.00

RECOUPMENTS TAKEN

PAT NAME	PAT ACCT NO	GROUP-SUBS NUMBER	CLAIM NUMBER	FROM/TO DATES	AMOUNT	REASONS
SMITH	A	01L1111111 - P88888 - 888888888	987654321980X	MM/DD – MM/DD/YY	\$49.00	COORDINATION OF BENEFITS

PROVIDER CLAIMS AMOUNT SUMMARY

PROVIDER CHARGES:	\$948.29	I	PATIENT PORTION:	\$ 0.00
BLUE CROSS AMOUNT PD:	\$948.29	I	AMOUNT PAID:	\$948.29
MANAGED CARE DEDUCTION(S):	\$ 0.00	I	NUMBER OF CLAIMS:	1
PROVIDER LIABILITY:	\$ 0.00	I	RECOUPMENT AMOUNT:	\$49.00
			NET AMOUNT PAID TO PROVIDER:	\$899.29

ORIGIN CODE 01 IS HCMS    ORIGIN CODE 02 IS SCMS    ORIGIN CODE 03 IS BLUE CHIP

MESSAGES/REASONS:

NO MESSAGES FOR THIS DOCUMENT

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