

R.A. NO.: A
00000000

WARRANT NUMBER: B
00000000

C

PROVIDER NAME	D
PROVIDER ADDRESS	
PO BOX XXX	
ANYTOWN	IA 00000-0000

---- NEWSLETTER UPDATE ----

*****IMPORTANT IME INFORMATION*****

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IMPORTANT INFORMATION AND REMINDERS FROM IME WILL BE POSTED IN THIS SECTION OF THE REMITTANCE ADVICE.

FOR QUESTIONS CONTACT PROVIDER SERVICES AT 1-800-338-7909 OR IN THE DES MOINES AREA AT 515-256-4609. E-MAIL: IMEPROVIDERSERVICES@DHS.STATE.IA.US

IAMC8000-R001 (CP-O-12)
AS OF XX/XX/XX

IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAID MANAGEMENT INFORMATION SYSTEM
R E M I T T A N C E A D V I C E

RUN DATE ^F XX/XX/XX

TO: ^C PHARMACY NAME R.A. NO.: ^A 1234567 WARR NO.: ^B 0000000 DATE PAID: ^G XX/XX/XX PROV. NUMBER: ^H 1234567891 PAGE: ^I 2

PATIENT NAME RECIPIENT	DISPENSE	NATIONAL	SUB	BILLED	OTHER	PAID BY	COPAY	S	EOB	EOB
LAST FI MI IDENT NUM	TRANS-CONTROL-NUMBER	DATE	DRUG CODE	UNITS	RX NO.	AMT.	SOURCES	MCAID	AMT.	
* * * CLAIM TYPE: PHARMACY * * * CLAIM STATUS: PAID										

ORIGINAL CLAIMS:

¹	²	³	⁴	⁵	⁶	⁷	⁸	⁹	¹⁰	¹¹	¹²	¹³
LAST F	1234567A	1-00000-00-100-0001-00	MM/DD/YY	12345678912	45	1020346	50.00	0.00	25.00	1.00	B	000 000
PRACTITIONER: PROVIDER NAME DO		DRUG NAME: DRUGNAME 000 UNITS/ML VIAL										

ADJUSTMENT CLAIMS:

LAST F	1234567A	1-00000-00-100-0001-00	MM/DD/YY	12345678912	45	2035671	10.00	0.00	5.00-	0.00	B	000 000
PRACTITIONER: PROVIDER NAME DO		DRUG NAME: DRUGNAME 000 MG TABLET										

ADJ-R: ¹⁶ 00 TCN to CREDIT: ¹⁷ 1-00000-00-100-0001-00

^P 1 CLAIMS - THIS CLAIM TYPE / THIS CLAIM STATUS. TOTALS... ^Q 50.00 ^R 0.00 ^S 25.00 ^T 1.00

TO: C PROVIDER NAME DDS R.A. NO.: A 00000000 WARR NO.: B 00000000 DATE PAID: G MM/DD/YY PROV. NUMBER: H 0000000000 PAGE: I 2

REMITTANCE TOTALS				
PAID ORIGINAL CLAIMS:	NUMBER OF CLAIMS	J 0	-----	K 0,000.00
PAID ADJUSTMENT CLAIMS:	NUMBER OF CLAIMS	0	-----	0.00
DENIED ORIGINAL CLAIMS:	NUMBER OF CLAIMS	0	-----	0.00
DENIED ADJUSTMENT CLAIMS:	NUMBER OF CLAIMS	0	-----	0.00
PENDEd CLAIMS (IN PROCESS):	NUMBER OF CLAIMS	0	-----	0.00
AMOUNT OF EFT DEPOSIT:	-----			L 0,000.00 M

---- THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION OF BENEFIT (EOB) CODES THAT APPEAR ABOVE: COUNT:

N O	000 EXPLANATION (EOB) OF DENIAL CODE	P 1
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