

BCBSAZ Health Choice Arizona
PO Box 52033
Phoenix, AZ 85072-2033



Health Choice

An Independent Licensee of the Blue Cross Blue Shield Association

IF you have any questions
Please call 1 (800) 322-8670



ADDITIONAL INFORMATION REGARDING CLAIM
RESUBMISSIONS AND CLAIM DISPUTES CAN BE FOUND ON
OUR WEBSITE AT: [HTTPS://WWW.AZBLUE.COM/ACA-
STANDARDHEALTH-HEALTH-CHOICE](https://www.azblue.com/aca-standardhealth-health-choice) IN
OUR PROVIDER MANUAL . OR, YOU MAY CONTACT ACA
STANDARD HEALTH WITH HEALTH CHOICE AT 1 (800)
322-8670.

Invoice #: [REDACTED]
Check No: [REDACTED]
Provider TIN: [REDACTED]
Provider ID #: [REDACTED]
Payee NPI #: [REDACTED]
Date: [REDACTED]

Payment has been sent via Electronic Funds Transfer

| Service Dates From To | Service Code | Tooth No. | # Units | Amount Billed | Allowed Amount | C.O.B. Insurance | Paid Amount | Patient Responsibility | Adjustment-Reason/code |
|---|--------------|-----------|---|---------------|----------------|--|-------------|------------------------|------------------------|
| Member: [REDACTED] Provider: [REDACTED] Rendering NPI #: [REDACTED] | | | Member #: [REDACTED] Account No: [REDACTED] Received Date: [REDACTED] | | | Claim #: [REDACTED] Plan: [REDACTED] Paid DRG : [REDACTED] | | | |
| 4/24/2024-4/24/2024 | D0330 | | 1 | 140.00 | 92.85 | 0.00 | 92.85 | 0.00 | AJ |
| 4/24/2024-4/24/2024 | D0603 | | 1 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1D 17 |
| 4/24/2024-4/24/2024 | D1330 | | 1 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1D 17 |
| 4/24/2024-4/24/2024 | D0120 | | 1 | 66.00 | 44.61 | 0.00 | 44.61 | 0.00 | AJ |
| 4/24/2024-4/24/2024 | D1120 | | 1 | 84.00 | 66.66 | 0.00 | 66.66 | 0.00 | AJ |
| 4/24/2024-4/24/2024 | D1206 | | 1 | 76.00 | 33.18 | 0.00 | 33.18 | 0.00 | AJ |
| 4/24/2024-4/24/2024 | D1354 | A | 1 | 68.00 | 33.18 | 0.00 | 33.18 | 0.00 | AJ |
| 4/24/2024-4/24/2024 | D1354 | J | 1 | 68.00 | 33.18 | 0.00 | 33.18 | 0.00 | AJ |
| 4/24/2024-4/24/2024 | D1354 | K | 1 | 68.00 | 33.18 | 0.00 | 33.18 | 0.00 | AJ |
| 4/24/2024-4/24/2024 | D1354 | T | 1 | 68.00 | 33.18 | 0.00 | 33.18 | 0.00 | AJ |
| Claim Totals: | | | | 640.00 | 370.02 | 0.00 | 370.02 | 0.00 | |

| | | | | | | | | | |
|---|-------|--|---|----------|------|--|------|------|----|
| Member: [REDACTED] Provider: [REDACTED] Rendering NPI #: [REDACTED] | | | Member #: [REDACTED] Account No: [REDACTED] Received Date: [REDACTED] | | | Claim #: [REDACTED] Plan: [REDACTED] Paid DRG : [REDACTED] | | | |
| 4/24/2024-4/24/2024 | D0330 | | 1 | -640.00 | 0.00 | 0.00 | 0.00 | 0.00 | RA |
| Claim Totals: | | | | (640.00) | 0.00 | 0.00 | 0.00 | 0.00 | |

| Amount Billed | Allowed Amount | C.O.B. Insurance | Paid Amount | Patient Responsibility | Total Paid Amount |
|---------------|----------------|------------------|-------------|------------------------|-------------------|
| 0.00 | 370.02 | 0.00 | 370.02 | 0.00 | 370.02 |

Statement Totals:



Health
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| | |
|---|--|
| Invoice #: Check No: Provider TIN: Provider ID #: Payee NPI #: Date: | |
|---|--|

Adjustment-Reason/code Descriptions

- 17 SERVICE NOT A PLAN BENEFIT
- 1D DENIED - DENIED CLAIM TO ORIGINAL CLAIMPAID IN ERROR
- AJ ADJUSTMENT TO PREVIOUS CLAIM
- RA RECOUPMENT FOR AN ADJUSTED CLAIM

Re-submission of a claim processed for any reason other than timeliness of submission must be received within twelve (12) months from the last date of service. Claims that do not achieve a clean claim status within twelve (12) months from the date of service will be denied. Mail Claim Re-submissions to: ACA Standard Health with Health Choice; Attn: Claims Department; PO Box 52033; Phoenix, AZ 85072-2033.

If you disagree with a decision made on your claim, you can file a Claim Dispute. In accordance with your provider contract, claim disputes challenging claim payments, denials or recoupments must be filed in writing no later than twelve (12) months from the date of service or within sixty (60) days after the date of payment, denial, or recoupment, whichever is later. Mail Claim Disputes to: ACA Standard Health with Health Choice; Attn: Claim Dispute Department; 8220 N. 23rd Ave Phoenix, AZ 85021.