

Provider Summary Voucher Key

	Field	Description
A	COMPANY NAME	The Service Center specific address and telephone number to direct customer service related questions and correspondences.
B	PROVIDER INFORMATION	The provider's billing location name and address.
C	PARENT/GROUP	Internal codes that define the client associated with the patient.
D	COLUMN HEADINGS	Detailed information to assist in understanding how the claim was processed.
	1. DATE OF SERVICE	The date(s) that services were rendered to the patient.
	2. PROC CODE	The CPT4 or revenue code that describes the service rendered.
	3. MOD COD	The code used by a provider indicating that a service or procedure has been customized but not changed in its definition or code.
	4. UNITS	Indicates the number of services provided for the service dates billed. Units can be measured in days, hours or increments of hours, based on the service provided.
	5. CHARGED AMOUNT	The amount billed by the provider for the service rendered.
	6. ALLOWED AMOUNT	The client's allowed amount for the service rendered.
	7. PROVIDER WITHHOLD	A contractual amount withheld from the provider's payment which should not be billed to the patient.
	8. DISCOUNT AMOUNT	A negotiated amount with the provider indicating the payment will be reduced by an agreed upon percentage.
	9. COB	The amount recovered as the result of not being the primary payer of benefits.
	10. PREPAID AMOUNT	The amount paid to the provider prior to the service being rendered.
	11. NON-COVRD AMOUNT	Non-Covered - The amount not covered
	12. DEDUCTIBLE AMOUNT	The amount applied to the deductible.
	13. CO-PAY AMOUNT	A fixed dollar amount due to the provider from the patient.
	14. CO-INS	Co-Insurance - A percentage of the allowed amount due to the provider from the patient.
	15. AMOUNT PAID	The amount paid by our company on the claim.
	16. OTHER INS	Other Insurance - The amount paid by the primary insurance carrier.
E	EOP CODES – MESSAGE AREA	The explanation of payment code(s). Customized message area.