


# Understanding Your Provider Remittance Advice (PRA)

Your Provider Remittance Advice (PRA) is a statement showing how HIRSP processed the claims for medical services provided by staff at your facility. We have recently redesigned your PRA and this document is designed to help you read and understand the new statements. Below you'll find a sample PRA with labels identifying various sections. You'll also find a coded key providing a description of each labeled item on the reverse side of this page.

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Our Provider Remittance Advice has a new look! Please feel free to reference the "How to read..." your Remittance Advice on our website at [www.hirsp.org](http://www.hirsp.org)

If we may be of assistance to you, please write Customer Service at HIRSP, P.O. Box 8961, Madison, WI 53708-8961 or call 608-221-4551 800-828-4777. Please have the member, group and claim number available.

**Tax Identification Number:** 123456789  
**NPI:** 1234567890  
**EOB Date:** 02/03/2010



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## PROVIDER REMITTANCE ADVICE

<b>Claim #:</b> 123456789		<b>Patient Account:</b> XXXXXXXXXXXX		<b>Insured Name:</b> XXXXX, XXXXXXXXX						
<b>Group #:</b> XX-XXXXXX		<b>Patient ID:</b> 123456789		<b>Patient Name:</b> XXXXX, XXXXXXXXX						
Dates of Service	Service Code	Submitte Charge	Negotiated Allowed	Deductible	Copay Amount	Coinsurance	Discount	Less Other Amount	See Remarks	Payable Amount
01/06/10	99205	\$360.00	\$360.00	\$276.48	\$0.00	\$0.00	\$0.00	\$83.52	9J	\$0.00
<b>CLAIM TOTALS:</b>		\$360.00	\$360.00	\$276.48	\$0.00	\$0.00	\$0.00	\$83.52		\$0.00

Submitted Charges	Negotiated or Allowed	Deductible	Copay Amount	Coinsurance	Discount	Less Other Amount	Issued Amount
\$360.00	\$360.00	\$276.48	\$0.00	\$0.00	\$0.00	\$83.52	\$0.00

**STATEMENT TOTALS:**

**REMARKS:**  
9J= - ANSI CODE-A7 : PRESUMPTIVE PAYMENT ADJUSTMENT.  
WISCONSIN STATUTES REQUIRE A PROVIDER CONTRIBUTION. NO BALANCE BILLING IS ALLOWED. THERE ARE ADDITIONAL PRICING REDUCTIONS FOR MULTIPLE SURGERIES AND SURGICAL ASSISTS.

Please retain for your records. You may also visit our website at [www.hirsp.org](http://www.hirsp.org). Protecting the privacy of customer health information is a top priority at HIRSP. When contacting us about this statement or for assistance with other questions, please be prepared to provide your tax identification number (TIN) in addition to the HIRSP customer information.

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## **A Tax and Check Information:**

- **Check No.** The check number or EFT trace number.
- **Check / PRA Date.** Month/day/year the check or Provider Remittance Advice was released.
- **Check Amount.** The amount of the check being issued.
- **Tax Identification Number.** The Federal tax ID number for the physician/hospital or other practitioner.
- **NPI.** The National Provider Identification number for the physician/hospital or other practitioner.

## **B Member/Patient Information:**

- **Claim #.** Claim ID Number used internally by HIRSP.
- **Group #.** The group (control) number for the plan sponsor.
- **Patient Account.** A unique number supplied and used by the physician/hospital or other practitioner.
- **Patient Name.** The full first and last name of the patient.
- **Patient ID.** HIRSP's unique Customer ID for the patient.
- **Insured Name.** The full first and last name of the patient.

## **C Dates of Service:**

Month/day/year service was provided.

## **D Service Code:**

The procedure code that identifies the service being performed.

## **E Submitted Charges:**

The amount billed for this service.

## **F Negotiated or Allowed Amount:**

When the physician/hospital or other practitioner is participating (in network), the rate that has been negotiated for the service. Otherwise, the amount recognized under the member's plan.

## **G Deductible, Copay, and Coinsurance:**

**Deductible.** Patient deductible applied to either Field 16 or 17, depending on physician/hospital or other practitioner's network status and the plan.

**Copayment.** The copayment owed by the patient for this service.

**Coinsurance.** The portion of the charge, in addition to any copay or deductible, for which the patient is responsible.

## **H Discount:**

When the physician/hospital or other practitioner is contracted to withhold an additional amount, specified by the customer's plan.

## **I Less Other Amount:**

An adjustment that may impact the amount the plan will pay. Examples: amount paid by other carrier, or amount previously paid on the same claim.

## **J See Remarks:**

Corresponds to the remark with this number in field

## **K Payable Amount:**

Amount the plan pays for this service in absence of any amount identified in Field 22.

## **L Issued Amount:**

This amount is equal to the Payable Amount identified in Field 24 minus any outstanding claim reimbursement requests identified by HIRSP.

## **M Remarks:**

Explanation of denied or pended charges or any additional information. Corresponds to expense line above with the same number in Field 23, or the entire claim if no number is present.