- THIS IS NOT A CHECK

1C A M E D I - C A L

TO: XXXXXXXXXX XXX XXX XXX
XXXXXXXXXX XXX XXX XXX
XXXXXXXXXX XXX XXX XXX
XXXXXXXXXX XXX XXX XXX 0

REMITTANCE ADVICE DETAILS

0 PROVIDER NUMBER	CLAIM TYPE	WARRANT NO.	EDS SEQ. NO.	DATE	
XXXXXXXXXX XX	INPATIENT	XXXXXXXX	XXXXXXXXX	02/22/11	PAGE: 1 OF 3 PAGES

0 RECIP NAME	RECIPIENT MEDI-CAL I.D. NO.	CLAIM CONTROL NUMBER	SERVICE DATES FROM MMDDYY	TO MMDDYY	ACCOM CODE	MEDICAL RECORD NUMBER	DAYS OR VIS.	TOTAL CHARGES	NON COVERED	PAYABLE CHARGES	RATE	PAID AMOUNT	RAD CODES
0APPROVES (DO NOT RECONCILE TO FINANCIAL SUMMARY)													
0SORENSEN	XXXXXXXXX	XXXXXXXXXXXXX	102710	110110	0123	XXXXXXX	0004	1260000	.	.			
			102710	110110	0203		0001	700000	.	.			
			102710	110110	0250		0000	555404	.	.			
			102710	110110	0258		0000	47311	.	.			
			102710	110110	0270		0000	30900	.	.			
			102710	110110	0272		0000	684537	.	.			
			102710	110110	0278		0000	7238400	.	.			
			102710	110110	0301		0000	611600	.	.			
			102710	110110	0302		0000	249800	.	.			
			102710	110110	0305		0000	19200	.	.			
			102710	110110	0306		0000	66200	.	.			
			102710	110110	0320		0000	225800	.	.			
			102710	110110	0360		0000	7081200	.	.			
			102710	110110	0370		0000	1130000	.	.			
			102710	110110	0420		0000	156300	.	.			
			102710	110110	0460		0000	16900	.	.			
			102710	110110	0710		0000	195000	.	.			
						TOTAL	0005	20268552	28000	20240552	1.00	20240552	0457
***** TOTALS FOR APPROVES		1					0005	20268552	28000	20240552		20240552	

20240552 AMT PAID

SOC 10.00- OTH COVG 0.00- **APR-DRG CODE XXXX**

00457 PAYMENT BASED ON ASSIGNED APR-DRG CODE