compbenefits
VISION DENTAL

CompBenefits
PO Box 8236
Chicago, IL 60680-8236

WHITE STOCK

TEST

Forwarding Service Requested

Provider Name
Provider Address Information
Provider Address Information
Provider Address Information

(A)

Voucher Listing

Check #:

Voucher #:

Provider TIN:

WebMD Payor # CX021

A Guided Tour of Your Voucher Listing

Dates of Service	Procedure Code	Tooth/ Quad	Total Charges	Ineligible Charges	Reason Code	Covered By Plan	Ded./Copay Amount	Balance	Paid At	Payment Amount
		TOTAL								

(B)

Other Carrier Paid
Total Net Payment
Patient Responsibility
Deductible Remaining

Reason Code Description

Messages

STATEMENT TOTALS	Total Charges	Not Covered		Covered By Plan	Deductible/Off. Visit Co-Pay	Co-Pay Amount	Balance		Payment Amount

Other Carrier Paid:
Total Net Payment:

(A) **Provider Information**
Section A indicates voucher information.
* Check #
* Voucher #
* Provider TIN
* Web MD Payor #

(B) **Description of Service Provided and Amounts Payable by Plan.**
Section B includes the information that the provider receives about the claims.

Date of Service: Date the service was rendered
Procedure code: Procedure code for service being considered
Tooth/Quad: Tooth/Quad being worked on
Total Charges: The actual amount being charged for the service rendered
Ineligible Amount: The amount of charge not covered (Example: Charged amount is over reasonable and customary (R&C)). The reason will appear in the Reason code/message description.
Reason code: Reason code and description. A message is given for the service being considered
Covered by Plan: The amount to be considered after any provider discount and not covered amount has been deducted
Deductible/Copay: The amount applied to the deductible and any co-pay being deducted
Balance: Amount payable by the plan after provider discounts, total patient costs (copays and deductibles) amounts have been applied
Paid at: The percentage rate at which the benefit amount will be calculated
Payment Amount: Gross Payment amount
Other Ins. Amount: Other insurance paid amount
Net Payment: Amount paid by the plan after provider discounts, total patient costs (coinsurance, copays, and deductibles) and COB amounts have been applied
Patient Responsibility: The portion of the covered amount that is the patient's responsibility
Deductible Remaining: Deductible remaining
Statement Totals: Totals for all claims listed on the vouchers.