







HealthChoice  
P.O. BOX 24870  
OKLAHOMA CITY, OKLAHOMA 73124  
Customer Service: 1-800-782-5218 TDD: 1-800-941-2160  
OR 1-405-416-1800 OR 1-405-416-1525

PROVIDER NAME  
PROVIDER ADDRESS 1  
PROVIDER ADDRESS 2  
CITY, STATE, ZIP

PAGE: xxx of yyy  
TAX#: XXXXXXXXXXXX  
DATE: MM/DD/YYYY  
Draft#: XXXXXXXXXXXX  
EDI Payer ID: XXXXX

**SUMMARY PAGE**

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-----CLAIMS DATA-----
CURRENT   CURRENT   YTD       YTD
NUMBER    AMOUNT    NUMBER    AMOUNT
CLAIMS PAID          999999    Z,ZZZ,ZZZ.ZZ  999999    Z,ZZZ,ZZZ.ZZ
CLAIM ADJUSTMENTS  999999    (Z,ZZZ,ZZZ.ZZ)  999999    (Z,ZZZ,ZZZ.ZZ)
CLAIMS DENIED      999999    999999

```

-----EARNINGS DATA-----

PAYMENTS:

```

          CLAIMS PAYMENTS          Z,ZZZ,ZZZ.ZZ          Z,ZZZ,ZZZ.ZZ

```

ACCOUNTS RECEIVABLES (FROM PREVIOUS CYCLES):

```

CLAIM ID: XXXXXX          (Z,ZZZ,ZZZ.ZZ)
CLAIM ID: XXXXXX          (Z,ZZZ,ZZZ.ZZ)
CLAIM ID: XXXXXX          (Z,ZZZ,ZZZ.ZZ)
TOTAL ACCOUNT RECEIVABLES  (Z,ZZZ,ZZZ.ZZ)

```

```

CLAIM PAYMENTS          (Z,ZZZ,ZZZ.ZZ)          (Z,ZZZ,ZZZ.ZZ)

```

```

ACCOUNT RECEIVABLES          (-) (Z,ZZZ,ZZZ.ZZ)          (Z,ZZZ,ZZZ.ZZ)
<ELECTRONIC PAYMENT || CHECK PAYMENT>
NET PAYMENT          (=) (Z,ZZZ,ZZZ.ZZ)          (Z,ZZZ,ZZZ.ZZ)

```

