

**This report gives detail regarding claims received, accepted and rejected.**

Page: 1.1.1

Version 5.5 (build 215)

Claims Confirmation Report

External File Name: ABC040106\_00001 external file name  
EC Physical Doc ID: 2006041409043006112  
Logical File No: 1 of 1  
Log In TP Id: 0003101

Logical File Results

TP Sender ID: 0000000 trading partner number  
Submitter ID: 0000000  
Submitter Name: TEST CLINIC  
Format Type: 837I  
Version: 004010X096A1  
Processing Date: 2006-04-14 date of report  
Processing Time: 09:04:30  
File Create Date: 2006-04-14  
File Sequence No: 287724

Logical File Totals

Number of Batches in Logical File: 1

Errors Warnings

Logical File Level: 0 0  
 File Level: 0 0  
 Batch Level: 0 0

	Claims with Errors +	Other Rejected	Total Rejected	Total Accepted	Total Claims
Count	1	0	1	4	5
Charges	494.00	0.00	494.00	1992.00	2486.00

Destination Summary:	Destination	Number of Claims	Total Charges
	8I01A1	5	\$ 2486.00
<b>TOTAL:</b>		5	\$ 2486.00

Batch Totals

Batch Number: 1 of 2  
 Batch Status: GOOD  
 Number of Batch Errors: 0

Batch Type: 000  
 Batch No: 000000000001  
 Provider ID: 123456  
 NPI: 1234567891

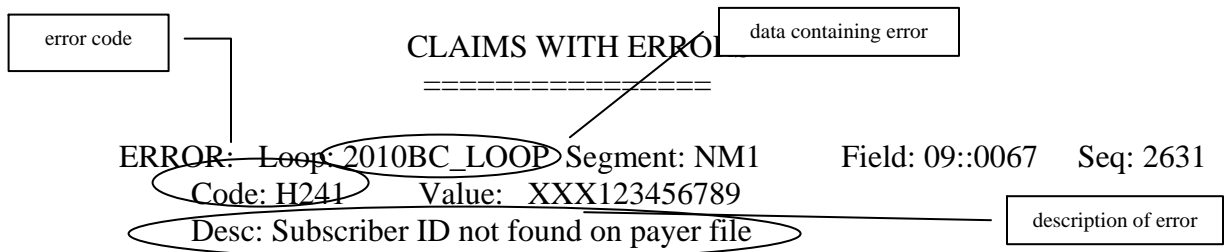
billing provider number

NPI number

	Claims with Errors +	Other Rejected	Total Rejected	Total Accepted	Total Claims

	1	0	1	4	5
Count	1	0	1	4	5
Charges	0.00	0.00	0.00	886.00	886.00

***Claims that have rejected will be identified like this:***



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Patient Acct: 12345 Patient Name: LASTNAME, FIRSTNAME  
 Date: 20060408 Amt: \$ 494.00 Cert/HIC No.: XXX123456789  
 Claim No: Payer ID: 00801 Source of Pay: BL

***Claims that are accepted are listed like this:***

CLAIMS WITHOUT ERRORS LIST

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The following claims grouped by batch contain NO CLAIM LEVEL ERRORS.  
Each claim may or may not be ACCEPTED depending on other file errors.

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Start of Claims Without Errors list for Batch: 1 of 2:

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Patient Acct: 54321            Patient Name: LASTNAME, FIRSTNAME  
Date: 20060410 Amt: \$        56.00 Cert/HIC No.: XXX123456789  
Claim No:                    Payer ID: 00800        Source of Pay: BL

-----  
Patient Acct: 12345            Patient Name: LASTNAME, FIRSTNAME  
Date: 20060410 Amt: \$        1,401.00 Cert/HIC No.: XXX123456789  
Claim No:                    Payer ID: 00801        Source of Pay: BL

-----  
Patient Acct: 53421            Patient Name: LASTNAME, FIRSTNAME  
Date: 20060410 Amt: \$        385.00 Cert/HIC No.: XXX123456789  
Claim No:                    Payer ID: 00800        Source of Pay: 16

-----  
Patient Acct: 23451            Patient Name: LASTNAME, FIRSTNAME  
Date: 20060410 Amt: \$        150.00 Cert/HIC No.: XXX123456789  
Claim No:                    Payer ID: 00800        Source of Pay: BL

**Note:** Clearinghouses may reformat this report, and therefore it may not look exactly like the example. The results on the report should be the same.

\*For more information on reports please refer to the [Response Reports Manual](#)