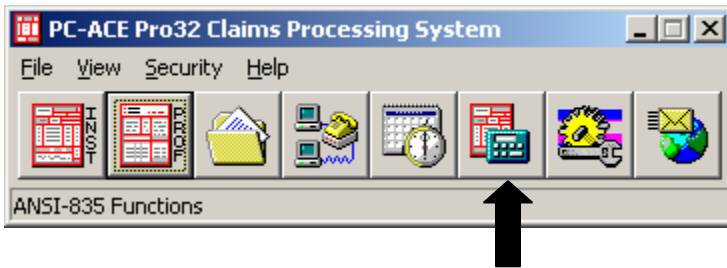


IMPORTING 835 REMITS

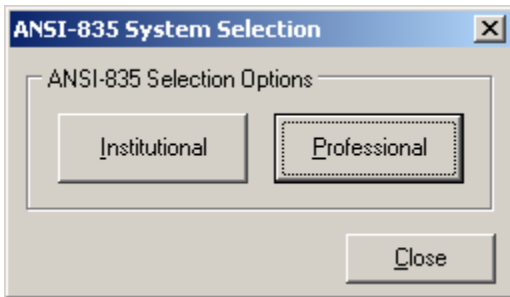
Note: You must be setup in the EDI system with ASK to receive electronic remits prior to using this feature.

The electronic remits must be saved in one of the following folders:

Place Institutional remittance files in the server's "winpcae\etraub92\ansi835" directory.
Place Professional remittance files in the server's "winpcae\etra1500\ansi835" directory.



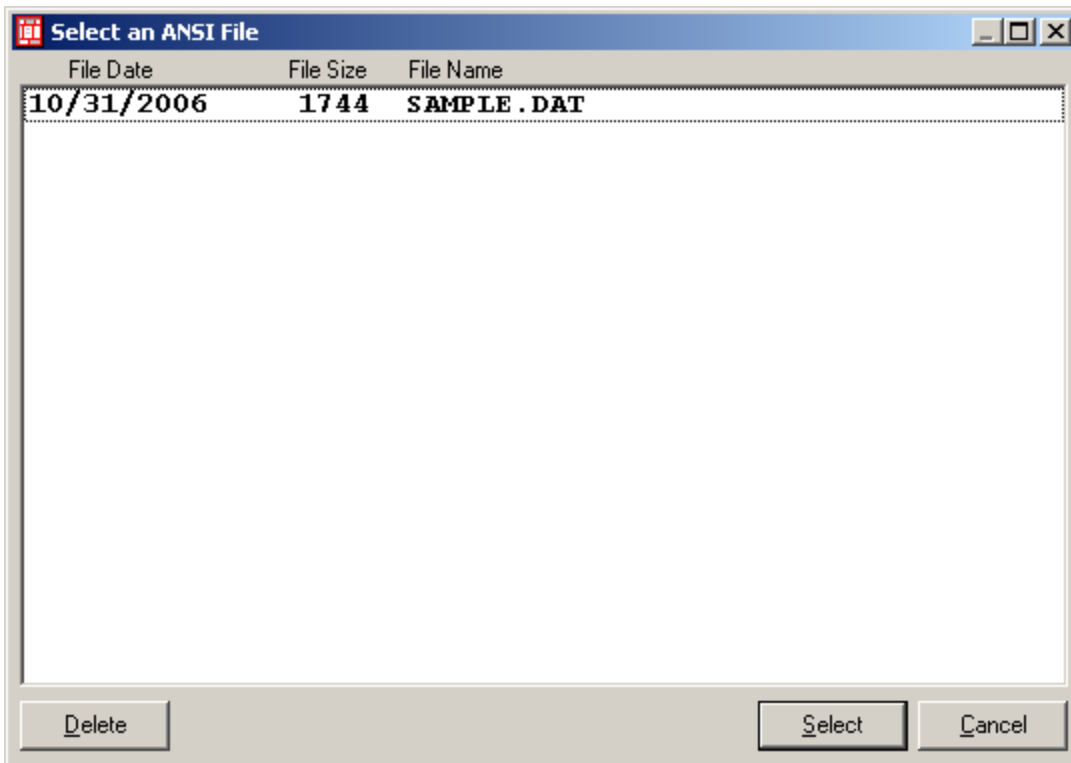
To launch an ANSI-835 program, click the "ANSI-835 Functions" button on the "PC-ACE Pro32 Main Toolbar".



Click the desired button to launch either the Institutional (ETRA) or Professional (ETRA1500) electronic remittance program



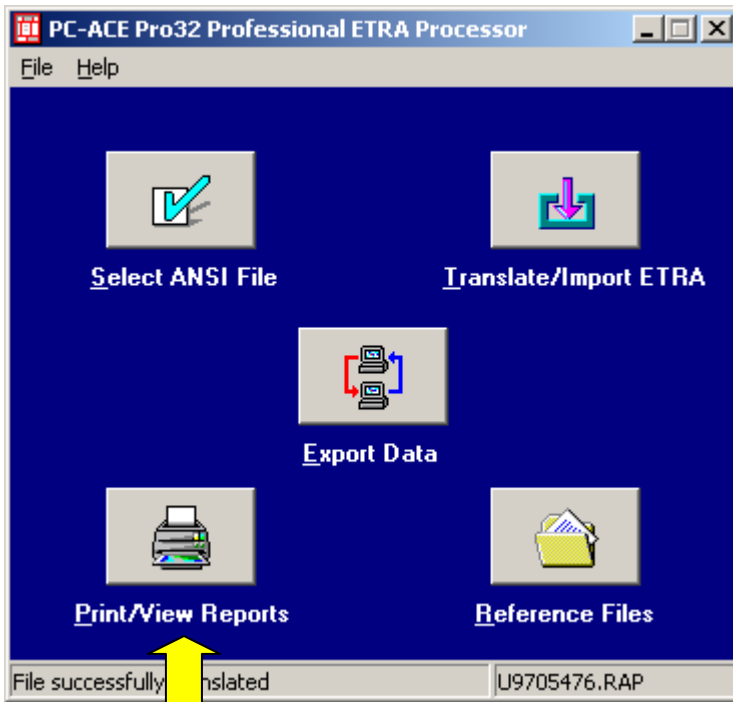
Click on Select ANSI File



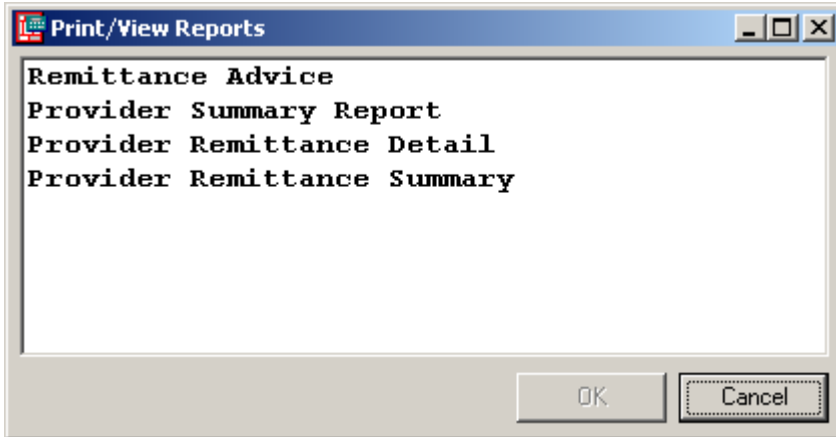
Highlight the file to be viewed, then select



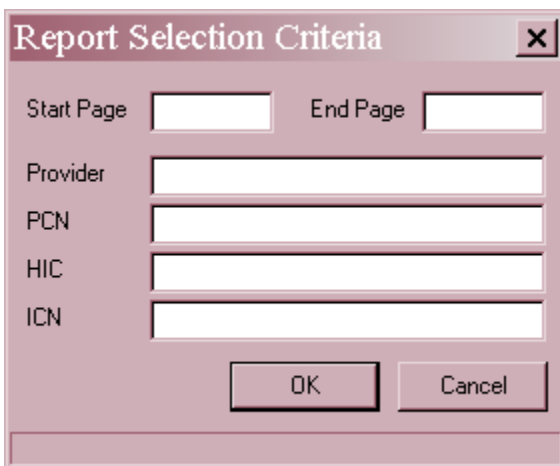
Then click on Translate/Import ETRA, No window will open, on the bottom left of the screen it will show file is successfully translated



Then click on Print/View Reports



Select Remittance Advice then OK



Page number is not required, click ok

Example of Remits Report

PC-ACE Pro32 ETRA Remittance Advice

Zoom 100 Page 1 of 2 Close

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NORRIS MEDICARE SERVICES
123 MAIN STREET
AMTOWN, NY 100102000
REMITTANCE
ADVISE

MITCHELL F BARRISON
123 MAIN STREET
SUITE 456
AMTOWN, NY 100102000
PROVIDER #: 01D451 NPI:
PAGE #: 1
DATE: 07/27/2002
CHECK/EFT #: 0001103130

SEND FROM SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GR-REASON CD AMT FROM PAID
NAME NATSMALV, CLARICE HIC 123456789A ACMT 0 50.00 25.22 ICR 0211617707000 ASG Y MOA MA18 MA01
01D451 0211 021101 1 99211 50.00 25.22 0.00 0.00 PR-02 5.07 18.23
CO-42 24.07
CO-04 2.02
PT RESP 5.07 CLAIM TOTALS 50.00 25.22 0.00 0.00
ADJ TO TOTALS: PREV PD INTEREST 0.15 LATE FILING CHARGE 2.02 NET 16.35
CLAIM INFORMATION FORWARDED TO: MUTUAL OF LUMINA
TOTALS: # OF BILLED ALLOWED DEDUCT COINS TOTAL REASON FROM PAID FROM ADJ CHECK
CLAIMS AMOUNT AMOUNT AMOUNT AMOUNT CD AMOUNT AMOUNT AMOUNT
1 50.00 25.22 0.00 0.00 21.77 18.22 -0.15 18.23

PROVIDER ADV DETAILS: FLE REASON CODE FCN HIC AMOUNT
L5 -0.15

GLOSSARY: GROUP AND REASON CODES FOR CLAIM/SERVICE LINE ADJUSTMENTS
02 Unknown Code
45 Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
B4 Late filing penalty.
CO Contractual Obligations - Use this code when a joint payer/payee contractual agreement or a regulatory requirement
resulted in an adjustment.
PR Patients Responsibility
GLOSSARY: MEDICARE OUTPATIENT ADJUDICATION (MOA) AND CLAIM PAYMENT REMARK CODES
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that
we are fair to you, we require another individual that did not process your initial claim to conduct the appeal.
However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this
notice, unless you have a good reason for being late.
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions
regarding supplemental benefits to them.
GLOSSARY: PROVIDER ADJUSTMENT REASON CODES
L5 Interest owed - Use this monetary amount for the interest paid on claims in this 025. Support the amount related to
this adjustment by 2-062 AMT amounts, where AMT01 is "I." Medicare Part A will provide code "IN" in FLE03-1.
    
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