

**Health Choice Arizona, Inc.**  
 PO Box 52033  
 Phoenix, AZ 85072-2033



**Forwarding Service Requested**

IF you have any questions  
 Please call 1 (800) 322-8670

38689 0.9656 AB 0.416 ALL FOR AADC 856



**\*\*ACCESS THE HEALTH CHOICE AZ SECURE PROVIDER PORTAL AT [HTTPS://WWW.HEALTHCHOICEAZ.COM](https://www.healthchoiceaz.com), UNDER THE 'PROVIDER' SECTION OF OUR WEBSITE, TO GET UP TO DATE INFORMATION AND CLAIMS/AUTHORIZATION STATUS.**

**Expedite cash flow with ERA. Sign up today!** Health Choice has contracted with Change Healthcare, a leading provider of revenue and payment cycle solutions, to deliver ERAs in the HIPAA-compliant 835 format! Sign-up for all your authorized representatives today by going to [www.changehealthcare.com/enrollment](http://www.changehealthcare.com/enrollment) for more information. Enrollment for this service is offered to you at no additional cost and is available online or by calling 1.866.506.2830 and selecting Option 1.

**Invoice #:** [REDACTED]  
**Check No:** [REDACTED]  
**Provider TIN:** [REDACTED]  
**Provider ID #:** [REDACTED]  
**Payee NPI #:** [REDACTED]  
**Date:** [REDACTED]

**\*\*\*Payment has been sent via Electronic Funds Transfer\*\*\***

Service Dates From To	Service Code	# Units	Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-Pay Amount	Withhold Amount	Paid Amount	Adjustment-Reason/code
<b>Member:</b> [REDACTED]			<b>Member #:</b> [REDACTED]			<b>Claim #:</b> [REDACTED]					
<b>Provider:</b> [REDACTED]			<b>Account No:</b> [REDACTED]			<b>Plan:</b> [REDACTED]					
<b>Attending NPI #:</b> [REDACTED]			<b>Paid DRG:</b> [REDACTED]								
08/13/20-08/13/20	90460SL	1	34.00	0.00	34.00	0.00	161.96	0.00	0.00	0.00	98
08/13/20-08/13/20	90621SL	1	191.00	0.00	191.00	0.00	0.00	0.00	0.00	0.00	98 1V
08/13/20-08/13/20	92551EP	1	28.00	0.00	17.55	10.45	0.00	0.00	0.00	10.45	C1
08/13/20-08/13/20	9616059	1	11.00	0.00	8.57	2.43	0.00	0.00	0.00	2.43	C1
08/13/20-08/13/20	99394EP	1	135.00	0.00	135.00	0.00	114.75	0.00	0.00	0.00	98
<b>Claim Totals:</b>			399.00	0.00	386.12	12.88	0.00	0.00	0.00	12.88	

Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-pay Amount	Withhold Amount
399.00	0.00	386.12	12.88	0.00	0.00	0.00

Total Paid Amount
12.88

**Adjustment-Reason/code Descriptions**

- 98 DENIED - NO ADDITIONAL REIMBURSEMENT IS AVAILABLE
- 1V INCLUDED IN VFC ADMIN RATE
- C1 COPAY AMOUNT APPLIED TO COB
- \*\*\* In accordance with A.R.S. §36-2904 (G) and A.A.C. R9-22-705 (B), re-submission of a claim processed for any reason other than timeliness of submission must be received within twelve (12) months from the last date of service, or the date of eligibility posting, whichever is later, with the appropriate corrections or documentation. Claims that do not achieve a clean claim status within twelve (12) months from the date of service or date of eligibility posting, whichever is later, will be denied. Mail Claim Re-submissions to: Health Choice Arizona; Attn: Claims Department; PO Box 52033; Phoenix, AZ 85072-2033.

If you disagree with a decision made on your claim, you can file a Claim Dispute. In accordance with A.R.S. § 36-2903.01 (B)(4) and A.A.C. R9-34-405 (A), claim disputes challenging claim payments, denials or recoupments must be filed in writing no later than twelve (12) months from the date of service, twelve (12) months from the date of eligibility posting or within sixty (60) days after the date of payment, denial, or recoupment, whichever is later. Untimely disputes will be denied as untimely and Health Choice Arizona will not address the merits of the dispute. Mail Claim Disputes to: Health Choice Arizona; Attn: Claim Dispute Department; 410 N. 44th Street, #900; Phoenix, AZ 85008.

Additional information regarding Claim Re-submissions and Claim Disputes can be located on our website at: [HTTPS://WWW.HEALTHCHOICEAZ.COM](https://www.healthchoiceaz.com) in our Provider Manual, Chapter 12 Correcting Claim Errors and Chapter 15 Claim Disputes, Member Appeals and Member Grievances. Or, you may contact Health Choice Arizona at 1 (800) 322-8670. \*\*\*

\* HCA IS LIVE WITH CHANGE HEALTHCARE (EMDEON) FOR ELECTRONIC CLAIMS. PAYOR ID 62179. PLEASE SUBMIT ALL CLAIMS ELECTRONICALLY. PLEASE SUBMIT ONLY THE 6 DIGIT AHCCCS ID (A-TYPICAL ONLY) OR NPI.