Pinnacle HEALTH SOLUTIONS

Children's Hospital LOS ANGELES

Acceptable Documentation

Reimbursement Receipts



Ensuring your QHP documentation is acceptable

Reimbursement Receipts

What is required to be accepted?

- **Name of Patient/Member** – We need to associate the document with a member seeking reimbursement
- **Date of Service/Goods Purchased** – We must confirm payment is for services that were incurred in the current plan year and on or after the benefit effective date for the member
- **What the monies were paid towards** – We require proof the member paid for services/goods covered by their health insurance plan.

  Note: We NEVER need your medical diagnosis. We do need to see that charges were for an eligible expense: Covered Rx, Copay, Coinsurance, Deductible, etc.
- **Amount** – We need to see the amount needed for reimbursement

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Reimbursement Receipts

Unacceptable

We do not show a member name, we do not show what these payments were for (copay, RX, coinsurance, etc.) and some of the dates are in the year 2022 and 2023.



Coverage | Billing | E-Delivery | Resource Center | Logout

Billing History

View billing history for the last 36 months

Recent Payments

Total Amount Due	- Pending Adjustment	- Payments	= Net Due
$-630.47	$0.00	$0.00	$-630.47

Billing History From 11/01/2015 To 07/01/2023

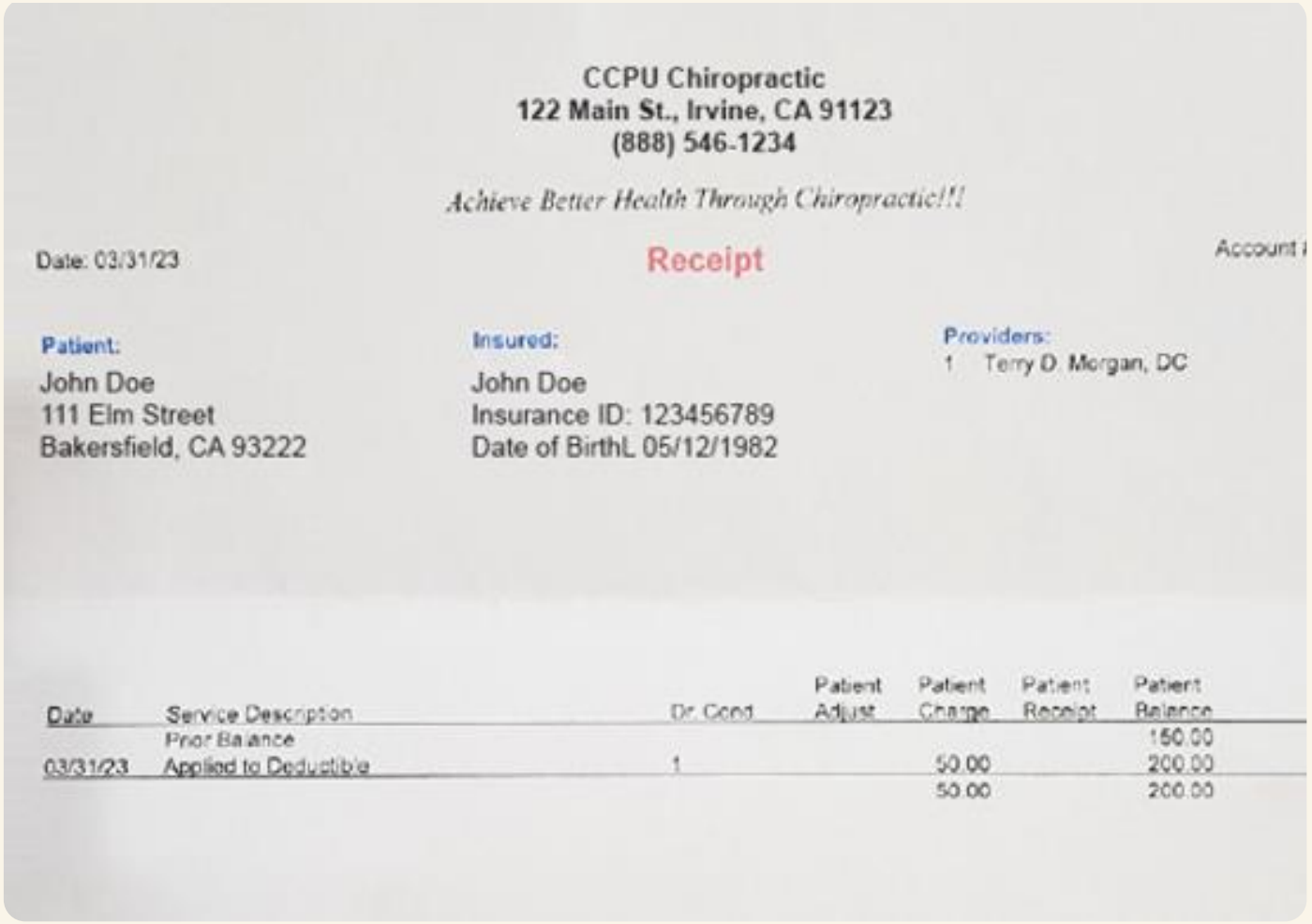
Bill Period	Prior Balance	+ Bill Amount	+ Adjustments	- Payments Received	+ Fee	= Total Amount Due
07/01/2023	$-596.97	$116.50	$0.00	$150.00	$0.00	$-630.47
06/01/2023	$-703.21	$106.24	$0.00	$0.00	$0.00	$-596.97
05/01/2023	$-809.45	$106.24	$0.00	$0.00	$0.00	$-703.21
04/01/2023	$-915.69	$106.24	$0.00	$0.00	$0.00	$-809.45
03/01/2023	$-921.93	$106.24	$0.00	$100.00	$0.00	$-915.69
02/01/2023	$-1,028.17	$106.24	$0.00	$0.00	$0.00	$-921.93
01/01/2023	$-1,084.41	$106.24	$0.00	$50.00	$0.00	$-1,028.17
12/01/2022	$-1,114.40	$129.99	$0.00	$100.00	$0.00	$-1,084.41
11/01/2022	$-1,244.39	$129.99	$0.00	$0.00	$0.00	$-1,114.40
10/01/2022	$-1,274.38	$129.99	$0.00	$100.00	$0.00	$-1,244.39
09/01/2022	$-1,004.37	$129.99	$0.00	$400.00	$0.00	$-1,274.38
08/01/2022	$-1,134.36	$129.99	$0.00	$0.00	$0.00	$-1,004.37
07/01/2022	$-1,264.35	$129.99				

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Partially acceptable

Claim for $200.00 – We would approve and only pay $50.00 which shows as applied to deductible but would require additional information for the prior balance of $150.00 and would deny that amount until additional documentation is submitted.



CCPU Chiropractic
122 Main St., Irvine, CA 91123
(888) 546-1234

Achieve Better Health Through Chiropractic!!!

Date: 03/31/23

Receipt

Account

Patient:
John Doe
111 Elm Street
Bakersfield, CA 93222

Insured:
John Doe
Insurance ID: 123456789
Date of BirthL 05/12/1982

Providers:
1 Terry D. Morgan, DC

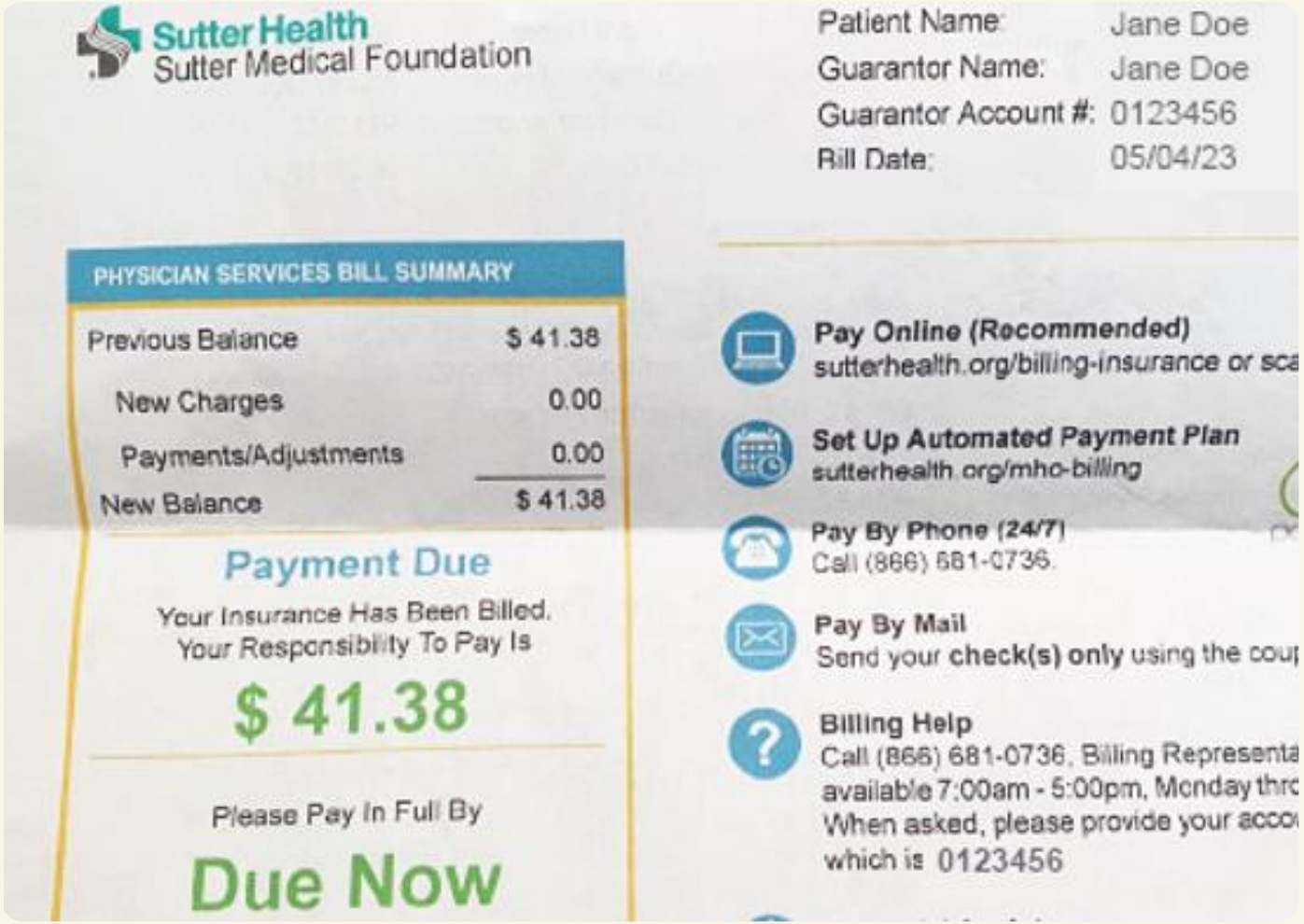
Date	Service Description	Dr Cond	Patient Adjust	Patient Charge	Patient Receipt	Patient Balance
	Prior Balance					150.00
03/31/23	Applied to Deductible	1		50.00		200.00
				50.00		200.00

Ensuring your QHP documentation is acceptable

Reimbursement Receipts

Unacceptable

We would need a supplementary document showing the date of service for the $41.38. We are able to see in the box on the left that the hospital did bill the member's insurance, and this is the member responsibility, so we are confident the charge is eligible. We need the date of service to ensure the charges are for goods/services occurring on or after the member benefit start date.

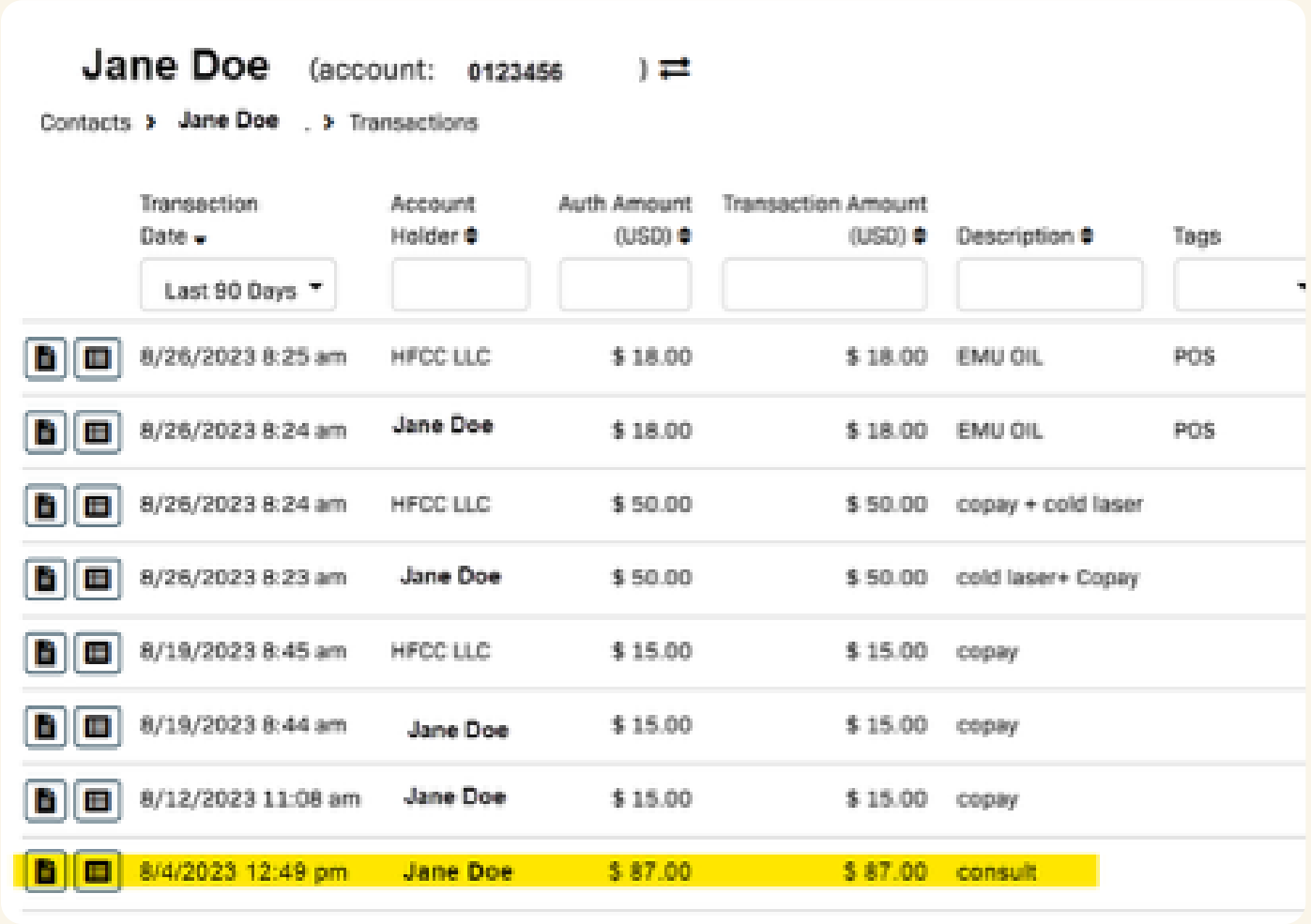


Ensuring your QHP documentation is acceptable

Reimbursement Receipts

Unacceptable

We do not show that this payment of $87.00 was for an eligible expense covered by insurance (copay, RX, premium, etc).



Jane Doe (account: 0123456)

Contacts › Jane Doe › Transactions

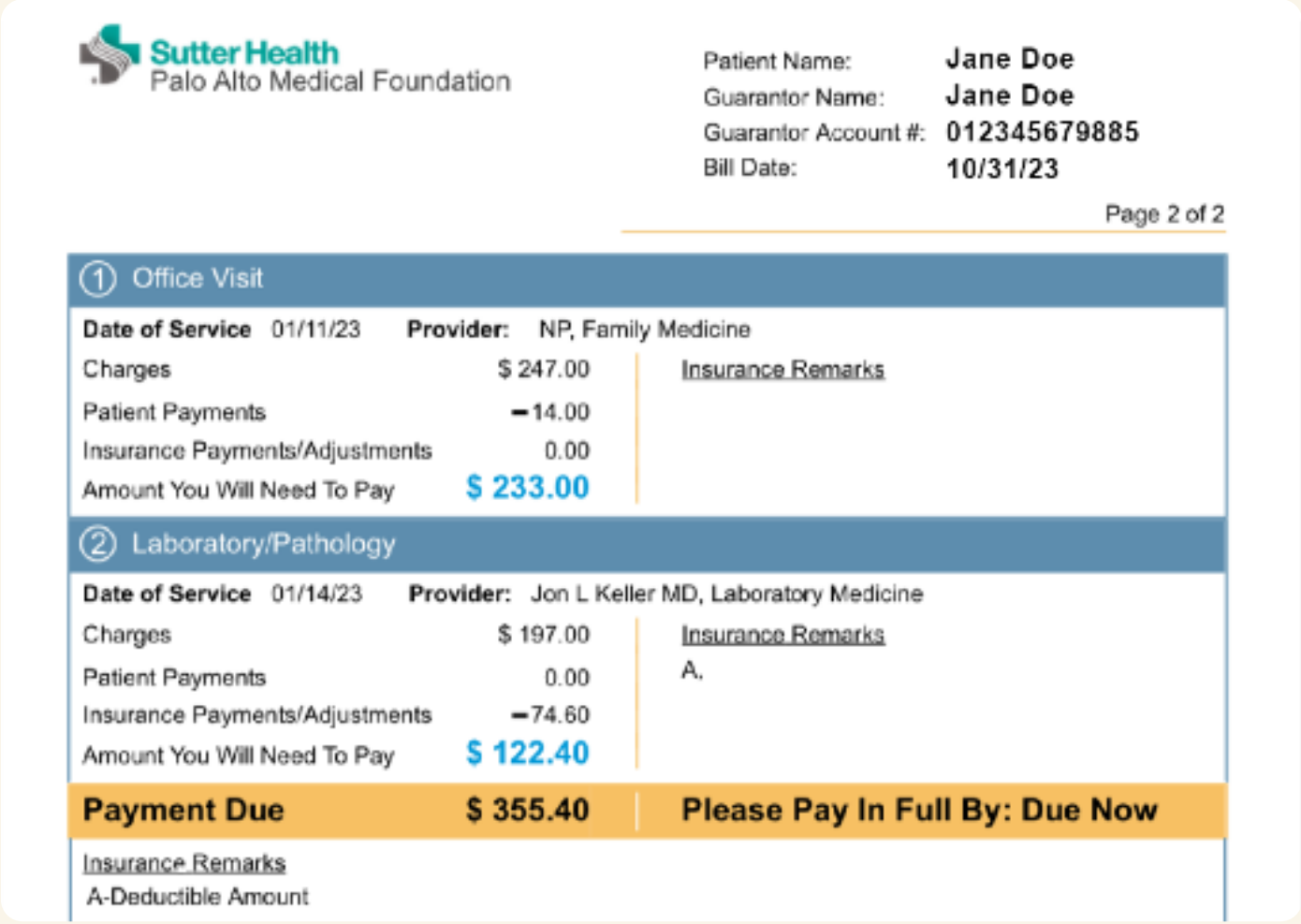
Transaction Date	Account Holder	Auth Amount (USD)	Transaction Amount (USD)	Description	Tags
Last 90 Days					
8/26/2023 8:25 am	HFCC LLC	$ 18.00	$ 18.00	EMU OIL	POS
8/26/2023 8:24 am	Jane Doe	$ 18.00	$ 18.00	EMU OIL	POS
8/26/2023 8:24 am	HFCC LLC	$ 50.00	$ 50.00	copay + cold laser	
8/26/2023 8:23 am	Jane Doe	$ 50.00	$ 50.00	cold laser+ Copay	
8/19/2023 8:45 am	HFCC LLC	$ 15.00	$ 15.00	copay	
8/19/2023 8:44 am	Jane Doe	$ 15.00	$ 15.00	copay	
8/12/2023 11:08 am	Jane Doe	$ 15.00	$ 15.00	copay	
8/4/2023 12:49 pm	Jane Doe	$ 87.00	$ 87.00	consult	

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Reimbursement Receipts

Acceptable

Documentation shows Name of Member, Date of Service, shows what services were paid for (office visit and labs), and shows what the patient/member monetary responsibility is (amount we will reimburse).



Sutter Health
Palo Alto Medical Foundation

Patient Name: Jane Doe
Guarantor Name: Jane Doe
Guarantor Account #: 012345679885
Bill Date: 10/31/23

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① Office Visit

Date of Service 01/11/23 **Provider:** NP, Family Medicine

Charges	$ 247.00	Insurance Remarks
Patient Payments	−14.00	
Insurance Payments/Adjustments	0.00	
Amount You Will Need To Pay	$ 233.00	

② Laboratory/Pathology

Date of Service 01/14/23 **Provider:** Jon L Keller MD, Laboratory Medicine

Charges	$ 197.00	Insurance Remarks
Patient Payments	0.00	A.
Insurance Payments/Adjustments	−74.60	
Amount You Will Need To Pay	$ 122.40	

Payment Due **$ 355.40** **Please Pay In Full By: Due Now**

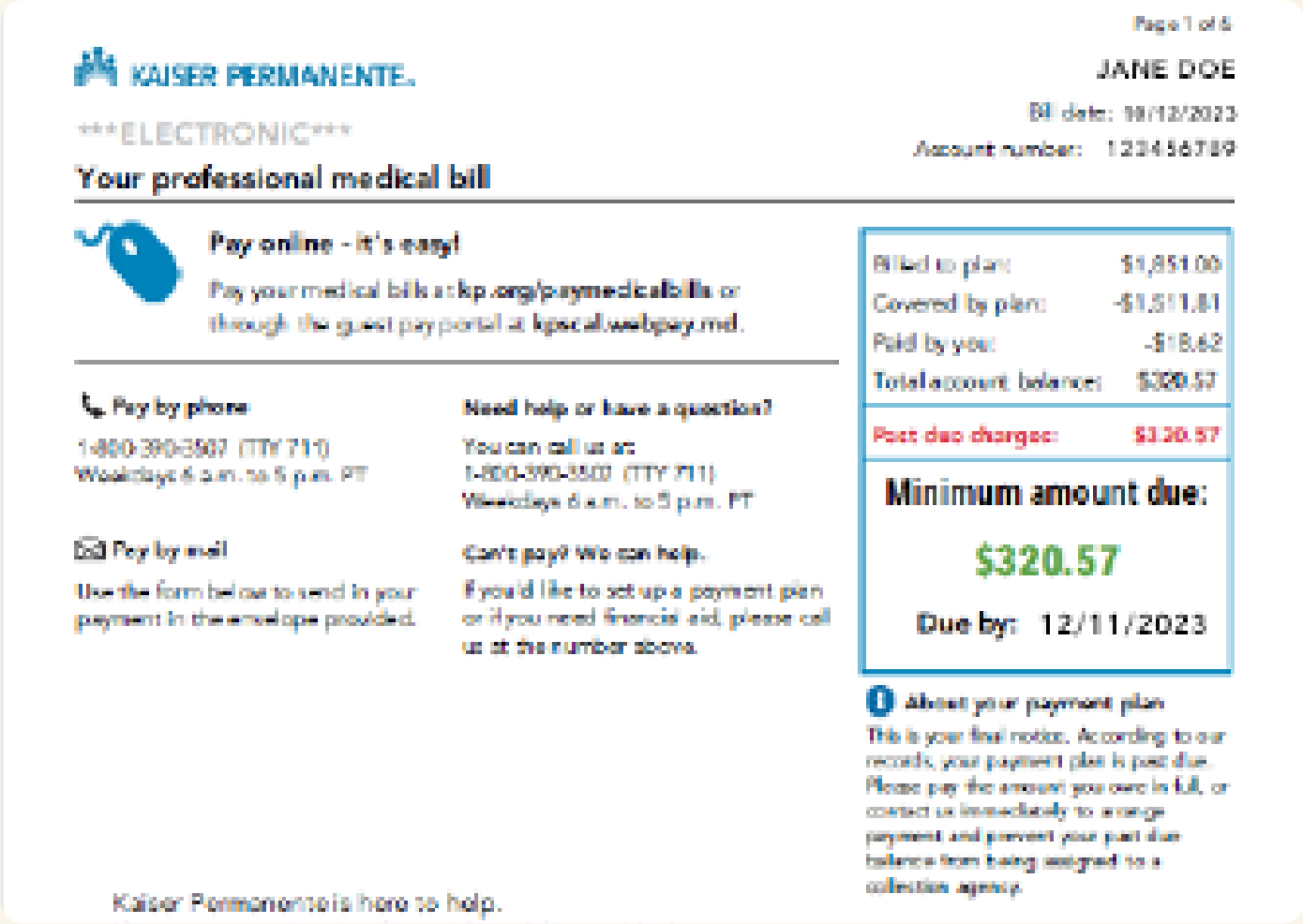
Insurance Remarks
A-Deductible Amount

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Reimbursement Receipts

Unacceptable

This is not acceptable. We do not have a date of service, information on what this total applies to (copay, Rx, deductible, etc.) and we cannot verify who these charges are for (bill is in spouse name, unable to verify if charges are for an enrolled member on the PCHRA).



KAISER PERMANENTE

JANE DOE

ELECTRONIC

Your professional medical bill

Pay online - it's easy!

Pay your medical bills at kp.org/paymedicalbills or through the guest pay portal at kpcal.webpay.md.

Pay by phone

Need help or have a question?

Pay by mail

Can't pay? We can help.

Billed to plan: $1,851.00

Covered by plan: -$1,511.81

Paid by you: -$18.62

Total account balance: $320.57

Past due charges: $320.57

Minimum amount due:

$320.57

Due by: 12/11/2023

About your payment plan

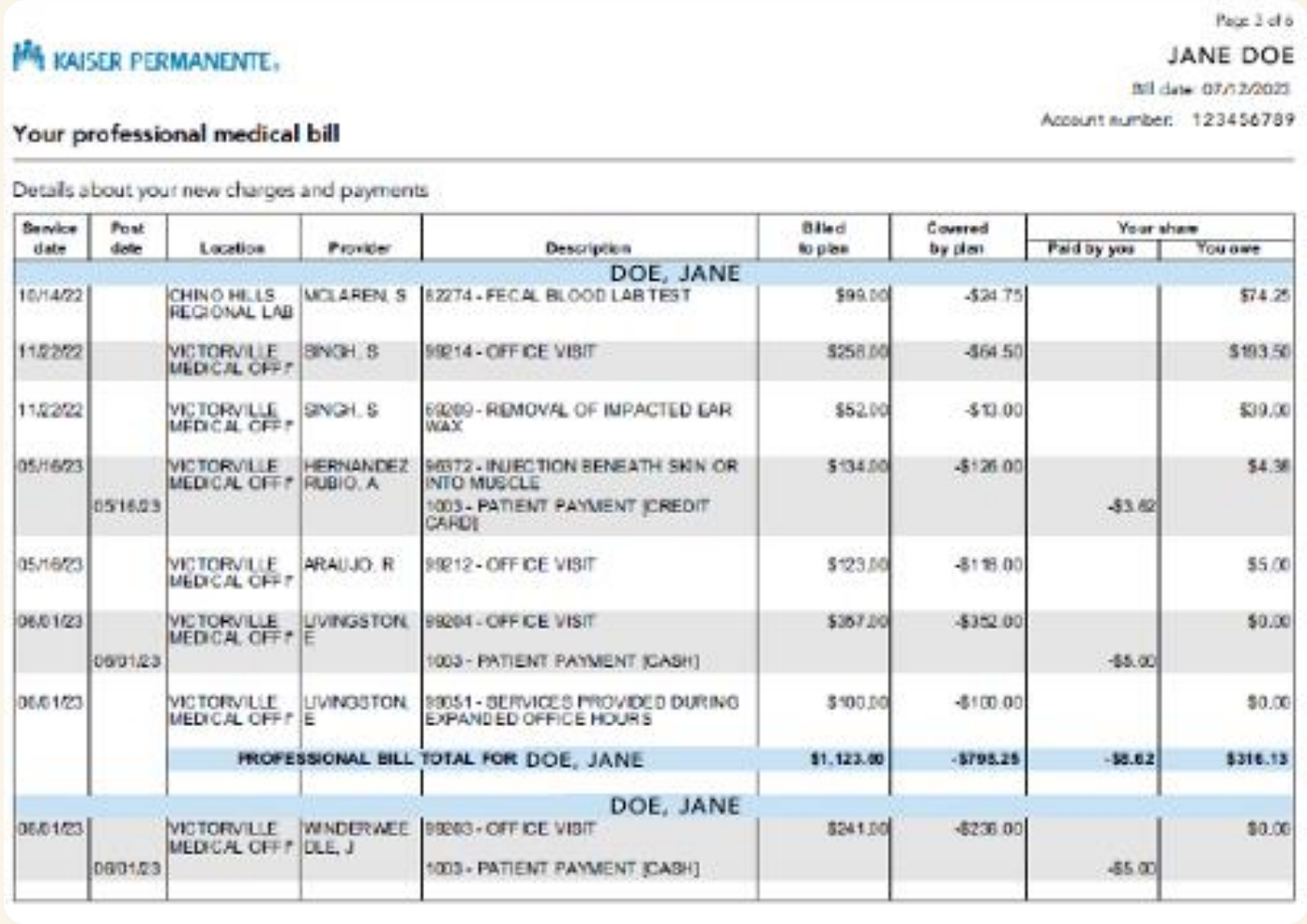
Kaiser Permanente is here to help.

Ensuring your QHP documentation is acceptable

Reimbursement Receipts

Acceptable

Documentation shows Name of Member, Date of Service, shows what services were paid for (office visit, procedures and labs) and shows what the patient/provider monetary responsibility is (amount we will reimburse) AFTER insurance pays their portion (Covered by Plan).



KAISER PERMANENTE

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JANE DOE

Bill date: 07/12/2023

Account number: 123456789

Your professional medical bill

Details about your new charges and payments

Service date	Post date	Location	Provider	Description	Billed to plan	Covered by plan	Your share: Paid by you	Your share: You owe
				DOE, JANE				
10/14/22		CHINO HILLS REGIONAL LAB	MCLAREN, S	82274 - FECAL BLOOD LAB TEST	$99.00	-$24.75		$74.25
11/2/22		VICTORVILLE MEDICAL OFF	SINGH, S	99214 - OFFICE VISIT	$258.00	-$64.50		$193.50
11/2/22		VICTORVILLE MEDICAL OFF	SINGH, S	69209 - REMOVAL OF IMPACTED EAR WAX	$52.00	-$13.00		$39.00
05/16/23	05/16/23	VICTORVILLE MEDICAL OFF	HERNANDEZ RUBIO, A	96372 - INJECTION BENEATH SKIN OR INTO MUSCLE 1003 - PATIENT PAYMENT [CREDIT CARD]	$134.00	-$126.00	-$3.62	$4.38
05/16/23		VICTORVILLE MEDICAL OFF	ARAUJO, R	99212 - OFFICE VISIT	$123.00	-$118.00		$5.00
06/01/23	06/01/23	VICTORVILLE MEDICAL OFF	LIVINGSTON, E	99204 - OFFICE VISIT 1003 - PATIENT PAYMENT [CASH]	$357.00	-$352.00	-$5.00	$0.00
06/01/23		VICTORVILLE MEDICAL OFF	LIVINGSTON, E	99051 - SERVICES PROVIDED DURING EXPANDED OFFICE HOURS	$100.00	-$100.00		$0.00
		PROFESSIONAL BILL TOTAL FOR DOE, JANE			$1,123.00	-$795.25	-$8.62	$316.13
				DOE, JANE				
06/01/23	06/01/23	VICTORVILLE MEDICAL OFF	WINDERMEE DLE, J	99203 - OFFICE VISIT 1003 - PATIENT PAYMENT [CASH]	$241.00	-$236.00	-$5.00	$0.00