

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



Health
Choice

202209138801

COPY

Forwarding Service Requested

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

6979 0.0248



**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.

1 OF 2
ENV 6979

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 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]

Service Date	Service Code	Tooth No.	# Units	Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-pay Amount	Paid Amount	Adjustment-Reason/code
Member: [REDACTED]				Member #: [REDACTED]				Claim #: [REDACTED]			
Provider: [REDACTED]				Account No: [REDACTED]				Plan: [REDACTED]			
Attending NPI #: [REDACTED]				Paid DRG: [REDACTED]							
9/05/22	D0140		1	100.00	0.00	65.76	34.24	0.00	0.00	34.24	\$\$
9/05/22	D0330		1	120.00	0.00	66.15	53.85	0.00	0.00	53.85	\$\$
Claim Totals:				220.00	0.00	131.91	88.09	0.00	0.00	88.09	

Member: [REDACTED]				Member #: [REDACTED]				Claim #: [REDACTED]			
Provider: [REDACTED]				Account No: [REDACTED]				Plan: [REDACTED]			
Attending NPI #: [REDACTED]				Paid DRG: [REDACTED]							
9/05/22	D0140		1	100.00	0.00	100.00	0.00	0.00	0.00	0.00	15
9/05/22	D0220		1	25.00	0.00	25.00	0.00	0.00	0.00	0.00	15
Claim Totals:				125.00	0.00	125.00	0.00	0.00	0.00	0.00	

Statement Totals:

Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-pay Amount	Total Paid Amount
345.00	0.00	256.91	88.09	0.00	0.00	88.09

Adjustment-Reason/code Descriptions

\$\$ PAID AT FFS/CONTRACT RATE

15 DENIED-MEMBER NOT ENROLLED ON DATE OF SERVICE

*** 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. ***

Arizona law (A.R.S.) §36-2903.01 (K) prohibits providers from billing AHCCCS members for AHCCCS-covered services, unless a reimbursement arrangement, such as an ABN, has been agreed upon prior to the service being rendered.

* 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.