



**Service Receipt**

Billing/Coding  
 Questions call:  
 (800) 942-4765  
 (616) 942-4765

EDI Questions call:  
 (800) 942-0954 x8686  
 (616) 464-8686  
 Email: [EDIPro@PriorityHealth.com](mailto:EDIPro@PriorityHealth.com)

Attention: **Billing Dept. (FX# 6165551234)**  
 Name: **EXAMPLE MEDICAL**  
 Address: **111 E MAIN AVE**  
**SOMEWHERE, MI 49000**

Provider ID: 399099999  
**Total Billed: \$123.00**  
**Claim Count: 5**  
**Claims Rejected: 1**

Data File Summary

Transmission Source:	McKesson Clearinghouse 070705	Transmission Date:
Transmission ID:	010400004	Transmission Time:
	1207	
	Priority Health ID: abcde	

**Claims identified in this section were not accepted. Action- resubmit if correctable.**

```

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Your Ref ID:    221100-54321          PH DCN:        074000123400
Claim Amt:     $91.00                Svc Dates:    06/13/2007 - 06/13/2007
Member Name:   DOE JOHN              Member ID:     947000000001
Error:      Member ID does not match a Priority Health member.
    
```

**Claims identified in this section were accepted, but have warnings.  
 Action- correct cause of warning on future claims, resubmission is not required.**

**Warning:** Below is a count of missing required National Provider Id numbers (NPI).  
 Action- check your system setup and/or notify your systems support vendor.

Count	Tax Id.	Name
5	399099999	EXAMPLE MEDICAL

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