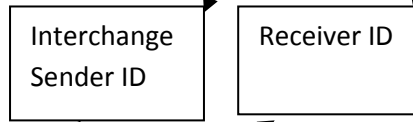


835- Example For Remittance

INTERCHANGE CONTROL HEADER

ISA*00* *00* *ZZ*MMISODJFS *ZZ*1234567 *120307*1411*^*00501*000000148*0*T*:~

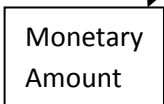


GS*HP*MMISODJFS*1234567*20120307*141129*13*X*005010X221A1~

REMITTANCE HEADER LEVEL

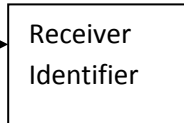
ST*835*13001~

BPR*I*101.34*C*CHK*****20120229~



TRN*1*050046306*1311334825~

REF*EV*0003927~



DTM*405*20120228~

LOOP 1000A PAYER IDENTIFICATION

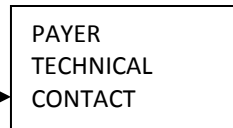
N1*PR*Ohio Department of Job and Family Services~

N3*30 E Broad St*31st Floor~

N4*Columbus*OH*432153414~

PER*CX*PROVIDER CALL SERVICE CENTER*TE*8006861516~

PER*BL*PROVIDER CALL SERVICE CENTER*TE*8006861516~



PER*IC**UR*jfs.ohio.gov/OHP/tradingpartners/info.stm~

835- Example For Remittance

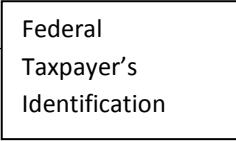
LOOP 1000B PAYEE IDENTIFICATION

N1*PE*WHEELING HOSPITAL INC*XX*111111111~

N3*1 MEDICAL PARK~

N4*WHEELING*WV*26003~

REF*TJ*550357057~



LOOP 2000 PROVIDER SUMMARY INFORMATION

LX*1~

LOOP 2100 CLAIM PAYMENT INFORMATION

CLP*5118772001*2*120*101.34*0*MC*2012059000000~

NM1*QC*1*HARRIS*PETER****MR*12222333444~

NM1*82*1*GEIGER*CHARLES****XX*1235115270~

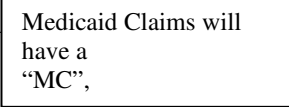
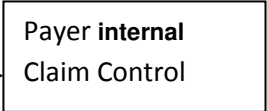
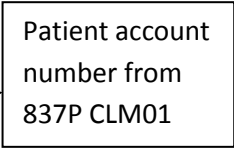
MIA*0***0~

REF*EA*361590~

DTM*232*20110928~

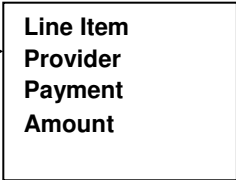
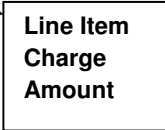
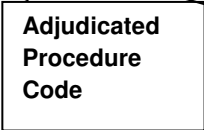
DTM*233*20111004~

QTY*CA*6~



LOOP 2110 SERVICE PAYMENT INFORMATION

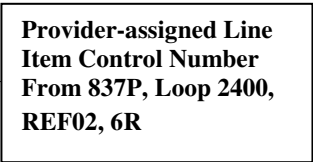
SVC*HC: 99214*120*101.34**1~



DTM*472*20120109~

REF*6R*12378645~

CAS*CO*45*18.66*0~



835- Example For Remittance

REF*HPI*000000000~



**Centers for Medicare and
Medicaid Services
National Provider
Identifier**

SE*29*13001~

FUNCTIONAL GROUP TRAILER

GE*1*13~

INTERCHANGE CONTROL TRAILER

IEA*1*000000148~