

**APPENDIX A
REMITTANCE ADVICE**

[
INSURER
NAME & ADDRESS
CONTACT #
]

PAYEE/PROVIDER
NAME & ADDRESS

[
INSURED NAME & ADDRESS
PATIENT NAME PATIENT ID #
]

INSURED ID #
PATIENT ACCT #

SERVICE DATE(S)	SERVICE CODE	CHARGED AMOUNT	ALLOWED AMOUNT	DEDUCTIBLE	COPAY	COINSURANCE	DISCOUNT	ANSI CODE	PAID

OCI 26-061 (C 09/93)