



# Acceptable Documentation

Reimbursement Receipts

## Reimbursement Receipts

What is required to be  
accepted?

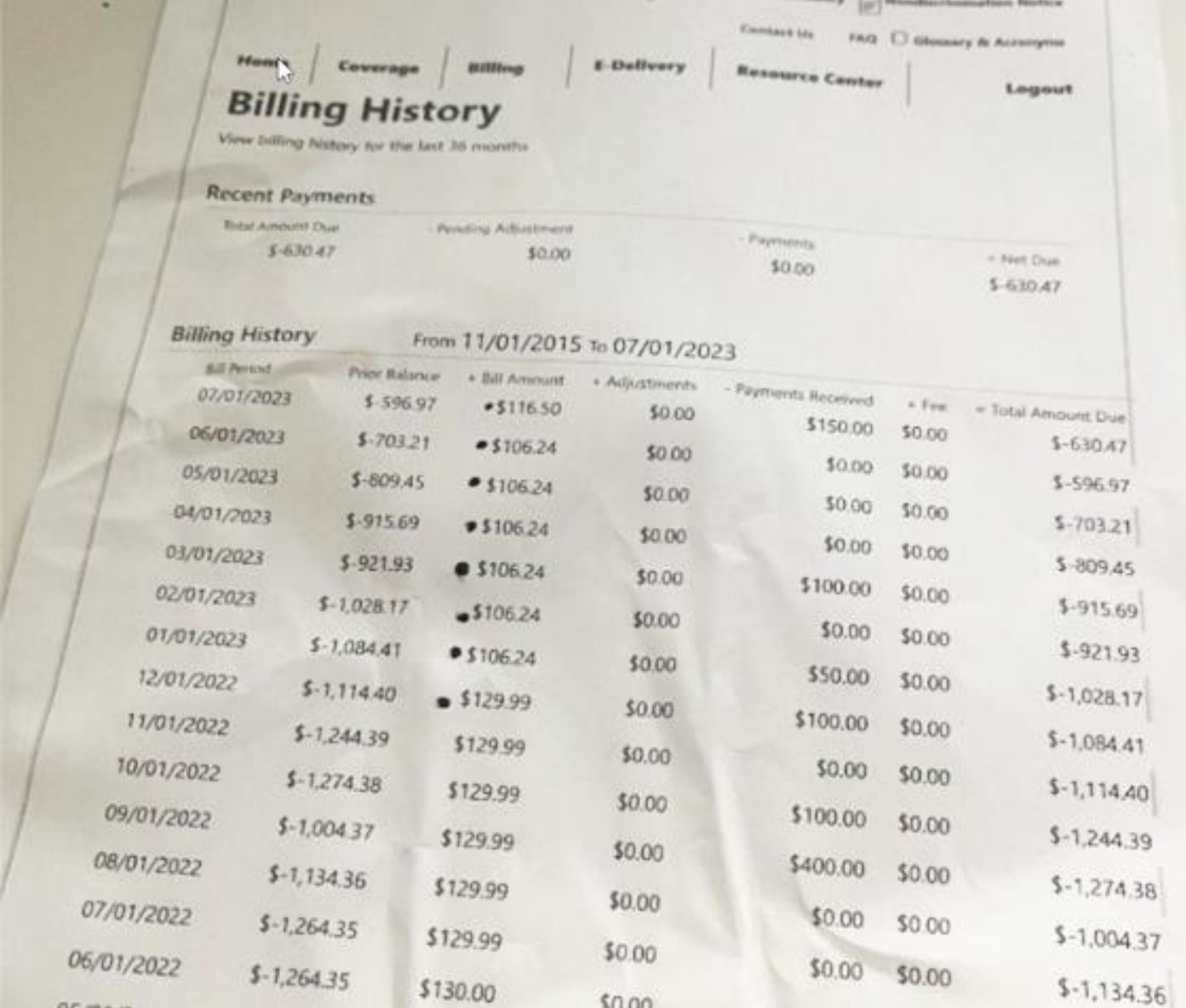
- **Name of Patient/Member** – We need to associate the document with a member seeking reimbursement
- **Date of Service/Goods Purchased** – We must confirm payment is for services that were incurred in the current plan year and on or after the benefit effective date for the member
- **What the monies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

# Ensuring Your QHP Documentation is Acceptable

## 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.



**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	\$0.00	\$0.00	\$0.00	\$-1,134.36
06/01/2022	\$-1,264.35	\$130.00	\$0.00	\$0.00	\$0.00	\$-1,134.36

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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 Account #

**Receipt**

**Patient:**  
John Doe  
111 Elm Street  
Bakersfield, CA 93222

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

**Providers:**  
1 Terry D. Morgan, DC

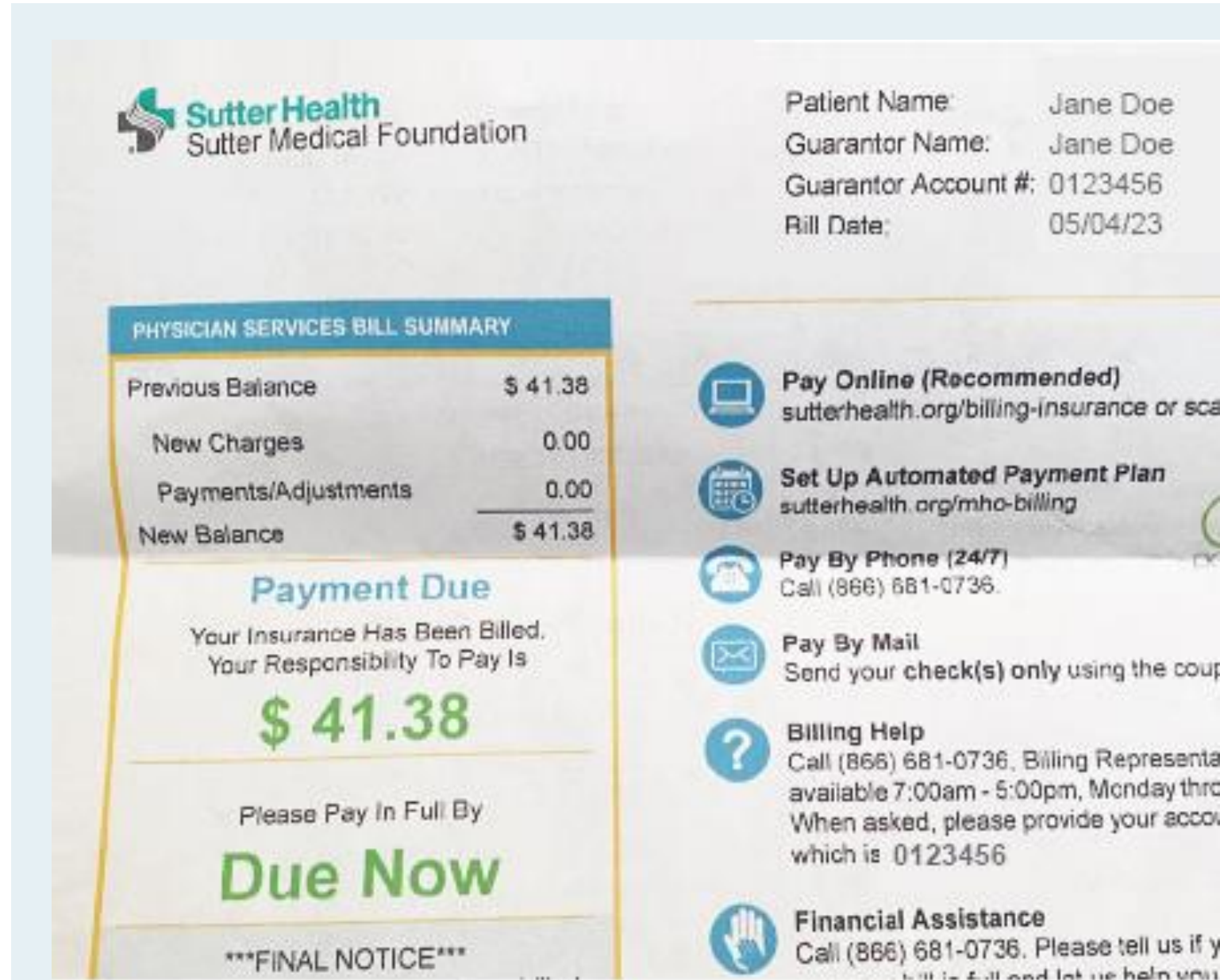
Date	Service Description	Dr. Cond.	Patient Adjust.	Patient Charge	Patient Receipt	Patient Balance
	Prior Balance					150.00
03/31/23	Applied to Deductible	1		50.00		200.00
				50.00		200.00

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### 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.



**Sutter Health**  
Sutter Medical Foundation

Patient Name: Jane Doe  
Guarantor Name: Jane Doe  
Guarantor Account #: 0123456  
Bill Date: 05/04/23

**PHYSICIAN SERVICES BILL SUMMARY**

Previous Balance	\$ 41.38
New Charges	0.00
Payments/Adjustments	0.00
<b>New Balance</b>	<b>\$ 41.38</b>

**Payment Due**  
Your Insurance Has Been Billed.  
Your Responsibility To Pay Is  
**\$ 41.38**

Please Pay In Full By  
**Due Now**

\*\*\*FINAL NOTICE\*\*\*


- Pay Online (Recommended)**  
sutterhealth.org/billing-insurance or sca
- Set Up Automated Payment Plan**  
sutterhealth.org/mho-billing
- Pay By Phone (24/7)**  
Call (866) 681-0736.
- Pay By Mail**  
Send your check(s) only using the coup
- Billing Help**  
Call (866) 681-0736. Billing Representa  
available 7:00am - 5:00pm, Monday thro  
When asked, please provide your accou  
which is 0123456
- Financial Assistance**  
Call (866) 681-0736. Please tell us if y  
bill is full and let us help you

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## 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	Batch	Account Type	
Last 90 Days								
 	8/26/2023 8:25 am	HFCC LLC	\$ 18.00	\$ 18.00	EMU OIL	POS	516	
 	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		516	
 	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		512	
 	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		508	
 	8/4/2023 12:49 pm	Jane Doe	\$ 87.00	\$ 87.00	consult		503	

# 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 and labs), and shows what the patient/member monetary responsibility is (amount we will reimburse).



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
Patient Payments	-14.00
Insurance Payments/Adjustments	0.00
Amount You Will Need To Pay	<b>\$ 233.00</b>

Insurance Remarks

#### ② Laboratory/Pathology

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

Charges	\$ 197.00
Patient Payments	0.00
Insurance Payments/Adjustments	-74.60
Amount You Will Need To Pay	<b>\$ 122.40</b>

Insurance Remarks

A,

**Payment Due \$ 355.40**

**Please Pay In Full By: Due Now**

Insurance Remarks

A-Deductible Amount

# Ensuring Your QHP Documentation is Acceptable

## 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 MERP).

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**KAISER PERMANENTE**  
\*\*\*ELECTRONIC\*\*\*  
Your professional medical bill

JANE DOE  
Bill date: 10/12/2023  
Account number: 123456789

**Pay online - it's easy!**  
Pay your medical bills at [kp.org/paymedicalbills](http://kp.org/paymedicalbills) or through the guest pay portal at [kpscsl.webpay.md](http://kpscsl.webpay.md).

**Pay by phone**  
1-800-390-3507 (TTY 711)  
Weekdays 6 a.m. to 5 p.m. PT

**Pay by mail**  
Use the form below to send in your payment in the envelope provided.

**Need help or have a question?**  
You can call us at:  
1-800-390-3507 (TTY 711)  
Weekdays 6 a.m. to 5 p.m. PT

**Can't pay? We can help.**  
If you'd like to set up a payment plan or if you need financial aid, please call us at the number above.

Billed to plan:	\$1,851.00
Covered by plan:	-\$1,511.81
Paid by you:	-\$18.62
Total account balance:	\$320.57
<b>Past due charges:</b>	<b>\$320.57</b>

**Minimum amount due:**  
**\$320.57**  
**Due by: 12/11/2023**

**About your payment plan**  
This is your final notice. According to our records, your payment plan is past due. Please pay the amount you owe in full, or contact us immediately to arrange payment and prevent your past due balance from being assigned to a collection agency.

Kaiser Permanente is here to help.  
If you are experiencing financial hardship at this time, you may be eligible for additional assistance.

Pay with a credit card, or write a check payable to Kaiser Permanente. Be sure to write your account number on your check.  
Tear off this part and send it with your check, money order, or credit card information in the envelope provided.

**KAISER PERMANENTE**  
Kaiser Permanente  
P.O. Box 122024  
El Cerrito Hills, CA 94702-5024

P 5  
Account number: 123456789  
Amount you owe: \$320.57

Amount paid: \$ \_\_\_\_\_  
Cardholder signature: \_\_\_\_\_  
Cardholder name: \_\_\_\_\_  
Card number: \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

JANE DOE  
123 MAIN STREET  
IRVINE, CA 92000

ELECTRONIC

KAISER FOUNDATION HEALTH PLAN  
P.O. BOX 71-1514  
LOS ANGELES, CA 90076-1514



# 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).

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**JANE DOE**  
Bill date: 07/12/2023  
Account number: 123456789

**KAISER PERMANENTE**

**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	You owe
<b>DOE, JANE</b>								
10/14/22		CHINO HILLS REGIONAL LAB	MCLAREN, S	82274 - FECAL BLOOD LAB TEST	\$99.00	-\$24.75		\$74.25
11/22/22		VICTORVILLE MEDICAL OFF P	SINGH, S	99214 - OFFICE VISIT	\$258.00	-\$64.50		\$193.50
11/22/22		VICTORVILLE MEDICAL OFF P	SINGH, S	89209 - REMOVAL OF IMPACTED EAR WAX	\$52.00	-\$13.00		\$39.00
05/16/23	05/16/23	VICTORVILLE MEDICAL OFF P	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 P	ARAUJO, R	99212 - OFFICE VISIT	\$123.00	-\$116.00		\$5.00
06/01/23	06/01/23	VICTORVILLE MEDICAL OFF P	LIVINGSTON, E	99204 - OFFICE VISIT 1003 - PATIENT PAYMENT [CASH]	\$357.00	-\$352.00	-\$5.00	\$0.00
06/01/23		VICTORVILLE MEDICAL OFF P	LIVINGSTON, E	99051 - SERVICES PROVIDED DURING EXPANDED OFFICE HOURS	\$100.00	-\$100.00		\$0.00
<b>PROFESSIONAL BILL TOTAL FOR DOE, JANE</b>					<b>\$1,123.00</b>	<b>-\$798.25</b>	<b>-\$8.62</b>	<b>\$316.13</b>
<b>DOE, JANE</b>								
06/01/23	06/01/23	VICTORVILLE MEDICAL OFF P	WINDERWEE DLE, J	99203 - OFFICE VISIT 1003 - PATIENT PAYMENT [CASH]	\$241.00	-\$236.00	-\$5.00	\$0.00