

Sample Provider Explanation of Payment (EPP)

Independence Blue Cross, LLC
 1901 Market Street
 Philadelphia, PA 19103-1480



PROVIDER NAME
 1234 12 STREET
 PHILADELPHIA PA 19050

Your name, **PROVIDER NAME**, and Tax ID have been verified by the IRS.

Visit us at our website: www.ibx.com

Tax ID: 555555555 EPC Draft #: **1** 5555555555 Payment Week: **2** 5 Payment Date: **3** 01/01/2024 Page 1 of 34

Service Date	Proc/Rev Code (Modifiers)	Units	Explanation Code(s)	Total Charge	Allowed Amount	Contractual Adjustment	Other Coverage	Other Adjustment	Patient Obligation				Net Payment Amount
									Co-Ins	Co-Pay	Deductible	Non-Cov	
Claim Number: 5555555555555555			Patient Name: JANE DOE			Payment Reference Number: 55555							
NPI: 5555555555			Patient Acct #: 5555555555555555			Subscriber Name: Jane Doe							
Provider: Provider Name			Member ID: 55555555555555										

Statement Summary	Total Charge	Allowed Amount	Contractual Adjustment	Other Coverage	Other Adjustment	Patient Obligation				Net Payment Amount
Administered By						Co-Ins	Co-Pay	Deductible	Non-Cov	
Independence Blue Cross, LLC	\$300,000.00	\$100,000.00	\$200,000.00	\$0.00	\$100,000.00	\$100.00	\$10,000.00	\$20,000.00	\$1,000.00	\$100,100.00

Payment Adjustments		
Reference ID	Adjustment Type	Adjustment Amount
	Forwarding Balance	\$100.00
TOTAL:		\$100.00

Document Total	
Total Amount Paid:	\$100,100.00
Payment Adjustments:	\$100.00
Total Payment:	\$100,000.00

- 1** A number represents a payment, 0 = no payment issued
- 2** Week of the year payment was processed
- 3** The date payment generated by ECHO Health
- 4** Shows applicable provider reimbursement
- 5** Shows a summary of member responsibility within each service date / date of service
- 6** Payor check number
- 7** The summary now appears at the end of the EPP instead of the cover page
- 8** Shows forwarding balance, interest owed, etc.