Sent	BA	Physician	DOS	Patient	MedRec	Visit #	Invoice #	Balance	Payer Area	Req 1	Req 2	Req 3	Comments	STATUS	Dept Response
9/3/2003	ZWO	COFFEY	5/5/2003	ABBU,JASMINE	34267153	6795426	3578635	$387.00	CCMC	PTCO			PT STATES SHE WAS GIVEN A DISCOUNT OF 20%. PLEASE VERIFY.	pending response from practice mgr	
9/3/2003	ZWO	COFFEY	2/14/2003	BELL,TINKER	34267162	6795426	3578635	$387.00	CCMC	RRCN					
9/8/2003	ZYW	MANN	6/12/2003	BIRD,TWEETY	22707639	7265773	3937610	$281.00	MCAL	RRCN					
10/11/2003	ZWO	WALSH	8/28/2003	DUCK,DAFFY	1177150	7317587	4148836	$487.00	MCAR	ARAR			AUTH 1013642 DOES NOT COVER THIS VISIT. AUTH 1013642 COVERS ONE CONSULT (CPT 99243) VALID 4/12-6/14/03. PLS PROVIDE RETRO AUTH.		retro request denied
9/8/2003	ZYW	MANN	7/4/2003	DOO,SCOOBY	22707639	7265773	3937610	$281.00	SELF	PTCO			PT STATES HE WAS NOT SEEN THIS DAY. NO CLINICAL NOTES ON FILE. PLEASE CONFIRM.		please charge correct, billing error.
10/9/2003	ZWO	HAMERSLEY	9/16/2003	MONSTER,COOKIE	10270421	7864132	4197026	$211.00	CCMC	WCPN			D.O.I. 8/25/03.		
10/13/2003	ZYW	MANN	6/5/2003	MOUSE,MINNIE	91930857	7200454	3926272	$156.00	MCAL	ARAR	RRCN		AUTH.		
10/13/2003	ZYW	MANN	6/5/2003	MOUSE,MINNIE	91930857	7200454	3926270	$100.00	CCMC	ARAR	RRCN		PER HILLS PHYS. THE AUTH# 2285532, IS NOT VALID FOR THE DATE OF SVC MENTIONED ABOVE. PLS REQ. RETRO AUTH.		

"Status" Field: It will allow Dept to preserve their department-internal status notes on _pending_ DRQ items.

Note : we can not upload status comments if the spreadsheet is faxed or sent via interoffice.

Column O

"Request Codes: We are using specific "request type" codes to identify the information we need (i.e. ARAR-autho, RRCR-report). We have included the description of these codes on a separate worksheet attached to our weekly spreadsheet

Note: This will allow you to readily refer to the request types and description.

Column K: Request type

See worksheet label "CODES for description.

Please return to:
MGBS/Attn: Eloida Chapman
Box# 1300, Fax# (415) 353-3420
eloida.chapman@ucsfmedctr.org

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11/15/2006

Department Rep Name/Phone#: _____
Date Return to MGBS: _____