

Explanation of the Direct Deposit Activity Reports

- **Direct Deposit Advice**

This is the first page of the report and provides a summary of the Direct Deposit detail by Amount and Date, the Provider Number, the Report Run Date, and information regarding Rights of Review and Appeal for the Physician or HealthCare Provider.

- **Definitions of Terms**

This page provides a brief explanation of the terms used within the report.

- **Direct Deposit Activity Report**

This section of the report captures those claims paid for the timeframe noted. While the overall report is sorted at the Prefix/TIN/Suffix level, this detailed section is sorted by the Servicing Provider's Last name within that TIN. Each Provider will have their own detailed claim payment section with a Servicing Provider subtotal line at the end of each section. Details within this section include the following information:

- Line number - There is a separate number for each claim paid
- Service Date – Date services were provided
- Procedure Code – CPT-4 code/service code describing the service provided
- Billed Amount – Dollar amount billed for the service
- Allowed Amount – Dollar amount covered under the benefit plan/contract
- Patient's Deductible/Non Covered Amount – Part of "Billed Amount" not covered under the benefit plan (i.e. denied charges). For in network payments, it is a combined amount of deductible and non covered amount for the benefit plan.
- Deductible Amount – Portion of the "Allowed Amount" that is not payable because it is being applied to a deductible
- Coinsurance Amount – Dollar amount of the patient's coinsurance liability
- Co pay Amount – If present, dollar amount patient is responsible for paying for services rendered
- Contract Adjustment – Portion of the bill not paid, but which the patient is not responsible for
- Provider Responsibility – Dollar amount provider is responsible for
- Balance – "Allowed Amount" minus "Deductible Amount", (minus "Co pay Amount", if present)
- Paid At – The percentage of the "Balance" which will be paid according to the benefit plan
- Total Payment – Dollar amount the benefit plan paid for services rendered
- Remark Code(s) – Additional explanation of CIGNA's payment. Please see the Direct Deposit Activity Report – Provider Summary Page for a written description of the Remark Code(s)
- Adjustment Due to Other Insurance Paid – This will be present and found under "Total Payment" section, when the patient has other coverage (insurance, Medicare, etc.). The patient's responsibility amount that is due to the Provider will be reduced by the amount paid by the patient's other coverage. The Provider may bill the patient for any amounts permitted by contract
- Balance Due From Patient – If present, it will be found under the detail below the "Service Date(s)" for each patient. It is the "Deductible Amount" plus "Not Covered Amount" plus "Coinsurance Amount".

- **Provider Summary**

- This page provides a summary at the Provider TIN level and includes Grand Totals for the entire Direct Deposit captured at each of the line items described above. This page also provides contact information for the Provider for each Pay Location Code within the report. The last page of the report provides details for each Remark Code contained within the report.

Direct Deposit Activity Report

Servicing Provider Number			Servicing Provider Name				Report Run Date		THIS IS NOT A BILL Retain for your records			Page		
Line	Service Date	Procedure Code	Billed Amount	Allowed Amount	Non-Covered Amount	Deductible Amount	Coinsurance Amount	Copay Amount	Contract Adjustment	Provider Responsibility	Balance	Paid At	Total Payment	Remark Code(s)