

MACSIS REVERSAL REPORT
SUMMARY BY ADJUSTMENT REASON CODE

Sender Name: MH&RSB ALLEN AUGLAIZE HARDI
Receiver Name: FAM RES-LIMA

835 Adj Rsn	835 Adjustment Description	# of Claims	Total Pay Amount
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22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	1	\$-136.75
141	Claim adjusted because the claim spans eligible and ineligible periods of coverage	1	\$- 19.92
	Total:	2	\$-156.67