

## PAYMENT DISBURSEMENT REGISTER Overpayment Example

**PAYEE: XYZ Dental Office**

**PAYEE ID: P00123453789**

**DATE: 03/31/07**

| FOR SERVICES FROM TO   | TYPE OF SERVICE | PROC CODE | TOTAL CHARGES                                    | NON-COVERED CHARGES | DEDUCTIBLE | PROVIDER DISCOUNT/DISALLOWED             | REMAINING COVERED CHARGES | COPAY | PATIENT RESPONSIBILITY  | TOTAL BENEFIT                    | BENEFIT PAID TO PROVIDER | COMMENTS |
|--|-----------------|-----------|--|---------------------|------------|--|---------------------------|-------|---|----------------------------------|--------------------------|----------|
| PATIENT: John Doe<br>PATENT ACCT: 12345A<br>CLAIM ID: 070916000027 |                 |           | SUBSCRIBER: John Doe<br>SUBSCRIBER ID: Z98765432 |                     |            | GROUP ID: 100000000A<br>GROUP: ABC Group |                           |       | PROVIDER ID: P00000110981<br>PROVIDER: David Dental DMD<br>NETWORK: Delta Premier |                                  |                          |          |
| 0101 010107  | Exam:Lmtd/Emer  | D0140     | 45.00  | 0.00                | 0.00       | 14.33                                    | 30.67                     | 5.00  | 5.00  | 25.67                            | 0.00                     | 9A8      |
| 0101 010107  | Xray:Single PA  | D0220     | 5.00   | 0.00                | 0.00       | 0.00                                     | 5.00                      | 0.00  | 0.00  | 5.00                             | 0.00                     |          |
| TOTALS   |                 |           | 50.00  | 0.00                | 0.00       | 14.33                                    | 35.67                     | 5.00  | 5.00  | 30.67                            | 0.00                     | A64      |
|  |                 |           |  |                     |            |  |                           |       |   | PREVIOUSLY PAID:<br>OVERPAYMENT: | 40.67<br>(10.00)         |          |

**COMMENTS:**

\*\*\* Payment for these services is determined based on the specific terms of our member's plan or Delta's agreements with Delta Network Dentist.

9A8 The charge exceeds the amount allowed.

A64 Claim adjusted; corrected billing received.

Correct benefit is \$30.67 for this claim. ODS previously issued \$40.67 causing a \$10.00 overpavment.

\* Overpayment deductions shows the amount deducted from this PDR.

|                         |       |
|-------------------------|-------|
| TOTAL CHARGE:           | 50.00 |
| BENEFITS PAID:          | 0.00  |
| OVERPAYMENT DEDUCTIONS: | 0.00  |
| TOTAL ODS PAYMENT:      | 0.00  |

\* New overpayments are overpayments that occurred on this PDR.  
 \* Remaining overpayment is the total sum of overpayments needing to be deducted from future PDR's to this provider.

|                                       |       |
|---------------------------------------|-------|
| PREVIOUS OVERPAYMENT BALANCE:         | 0.00  |
| NEW OVERPAYMENTS THIS STATEMENT:      | 10.00 |
| OVERPAYMENTS DEDUCTED THIS STATEMENT: | 0.00  |
| REFUNDS RECEIVED:                     | 0.00  |
| REMAINING OVERPAYMENT BALANCE:        | 10.00 |

THIS IS NOT A BILLING. PLEASE SAVE THIS COPY FOR YOUR RECORDS.