

EMH301
RUN TIME: 11:37
TEST

WISCONSIN PHYSICIANS SERVICE
INSTITUTIONAL CLAIMS
WPS OR WEST REGION

PAGE 0001
RUN DATE: 02/01/06

BATCH DETAIL CONTROL LISTING
SUBMITTER ID: 12345 SUBMITTER NAME: NPI CLINIC
ADDRESS: 123 ABC STREET
CITY: MADISON
STATE/ZIP: WI 53000

PROCESS DATE: 02/10/2006
ISA CONTROL NUMBER: 000000001
GS CONTROL NUMBER: 000000001
ST CONTROL NUMBER: 000000001

EDI PROVIDER: 123456789 NPI: A123456789 HL NUMBER: 1

PATIENT ACCT NUMBER	SUBSCRIBER NUMBER	LOOP/SEGMENT ELEMENT IN ERROR	SUBM ELEMENT QUAL ID	CONTENTS	ERROR MESSAGE
------------------------	----------------------	----------------------------------	-------------------------	----------	------------------

=====

BATCH STATUS: ACCEPTED

B10000	111111111	2010AA/NM1 09	A123456789		INFO ONLY - NPI INVALID
B10000	222222222	2010AA/NM1 09	A123456789		INFO ONLY - NPI INVALID
TOTAL CLAIMS RECEIVED			2		
TOTAL CLAIMS ACCEPTED			2		
TOTAL CLAIMS DELETED			0		
TOTAL CHARGES DELETED			\$0.00		
TOTAL CHARGES ACCEPTED			\$0.00		

EMH302