



HIPAA EDI Companion Guide  
for  
835 Electronic Remittance Advice  
ASC X12 Standards for Electronic Data  
Interchange

Version 005010X221A1

Companion Guide Version: 1.2

## **Disclosure Statement**

This document is intended to be a companion guide for use in conjunction with the ASC X12 Standards for Electronic Data Interchange. The information in this document is provided by Creditor Advocates.

This document contains clarifications as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standard for Electronic Transactions. This document is not intended to convey information that exceeds the requirements or usages of data expressed in the ASC X12 Standards for Electronic Data Interchange.

This document is not intended, and should not be regarded, as a substitute for the ASC X12 Standards for Electronic Data Interchange and Creditor Advocates may make improvements and/or changes to the information contained in this document without notice.

## **Preface**

This companion guide is intended to convey information that is within the framework of the ASC X12N adopted for use under HIPAA. This companion guide to the ASC X12 Standards for Electronic Data Interchange adopted under HIPAA will clarify and specify Creditor Advocates, Inc communication protocols, business rules and information applicable to the 835 Electronic Remittance Advice Transaction. Transmissions based on this companion guide, used in tandem with the X12N, are compliant with X12 syntax, those guides, and HIPAA.

## **Introduction**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is intended to provide better access to health insurance, limit fraud and abuse, and reduce administrative costs of the healthcare industry. The provisions for administrative simplification contained within HIPAA require the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions. These transactions primarily occur between health care providers and health insurance plans or clearinghouses. HIPAA directs the Secretary of HHS to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

## **Scope**

This companion guide explains the procedures and requirements necessary for business clients of Creditor Advocates, Inc. to transmit the following HIPAA standard transactions:

- 835 Electronic Remittance Advice (835)

This companion guide is intended to convey information that is within the framework of the ASC X12N adopted for use under HIPAA. Transmissions based on this companion guide, used in tandem with the X12N, are compliant with X12 syntax, those guides, and HIPAA.

## **References**

Additional information on the HIPAA Final Rule for Standards for Electronic Transmissions and the endorsed Implementation Guides can be found at:

- <http://www.cms.gov/hipaa/hipaa2> (HIPAA Administrative Simplification)
- <http://www.wpc-edl.com> (Washington Publishing Company)

## **Contact information**

### **EDI Technical Assistance**

Electronic Data Interchange (EDI) technical assistance requests focus solely on the generation, processing, and/or transmission of a HIPAA standard transaction.

### **Non-EDI Customer Service and Assistance**

Non-EDI technical assistance requests focus solely on transaction results such as debtor payments, portal maintenance, or other client support activities. Non-EDI customer service and assistance requests will not focus on the generation, processing, and/or transmission of a HIPAA standard transaction.

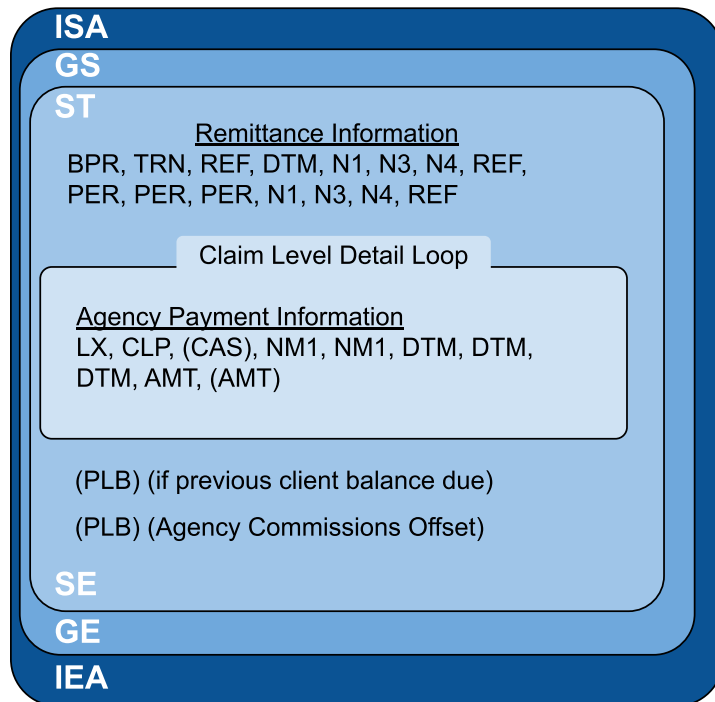
Please contact Creditor Advocates, Inc Client Support at (952) 657-5931 for technical assistance. Support hours are Monday through Friday 9:00 am to 4:00 p.m. CST.

## 835 Electronic Remittance Advice Specifications

### General Notes

- Transaction files are provided via a secure FTP site
- Transaction files are posted to an FTP site for your retrieval when your remittance is generated
- Transaction delimiters will be as follows:
  - Data Element = \*
  - Segment = ~
  - Component/Sub-element = : (colon)
- Creditor Advocates will use all standard code sets within the 835 transaction unless otherwise specified.

### Creditor Advocates General File Format



Standard remittance contains agency payments at the claim level. Agency commissions offset within the PLB segment.

Advanced options include posting agency commissions at the claim level and/or claim level bad debt reversals.

## **Creditor Advocates Reference File Variables**

### **EDI 835 File Static Variables**

Variable	Description	Element Length	Default
Provider FEIN	Used in the ISA segment when ISA07 = 30	9	"121231234"
Provider ABA Rt Number	Used in the BPR segment	9	blank
Provider Bank Account #	Used in the BPR segment	1/35	blank
Claim Status Code	Used in the CLP02 field	1/2	"3" (tertiary)
Claim Filing Code	Used in the CLP06 field	1/2	"09" (self-pay)
Commission Adjustment Group Code	Used in the CAS01 field	1/2	"CO" Contractual Obligations
Commission Adjustment Reason Code	Used in the CAS02 field adjustment increase	1/2	"131" Claim specific negotiated discount.
Commission Adjustment Reason Code	Used in the CAS02 field adjustment decrease	1/2	"1" Deductible amount
Remaining Balance Adjustment Group Code	Used in the CAS01 field when remaining balance not \$0.00	1/2	"PR" Patient Responsibility
Remaining Balance Adjustment Reason Code	Used in the CAS02 field in conjunction with CAS01=PR when remaining balance not \$0.00	1/2	"1" Deductible Amount

### **EDI 835 File Dynamic Variables**

Variable	Description	Element Length	Default
Filename	Text filename		
Control Number	Control number per file generation	9/9	"121231234"

## Outside Loops

### ISA - INTERCHANGE CONTROL HEADER

Segment / Element	Description	Element Length	Mapping Comments
ISA	Interchange Control Segment		
ISA01	Authorization Information Qualifier	2/2	"00" No Authorization Information Present
ISA02	Authorization Information	10/10	Leave Blank
ISA03	Security Information Qualifier	2/2	"00" No security Information Present
ISA04	Security Information	10/10	Leave Blank
ISA05	Interchange Sender ID Qualifier	2/2	"30" U.S. Federal Tax Identification Number
ISA06	Interchange Sender ID	15/15	CA FEIN
ISA07	Interchange Receiver ID Qualifier	2/2	"30" U.S. Federal Tax Identification Number
ISA08	Interchange Receiver ID	15/15	Client FEIN (default "121231234")
ISA09	Interchange Date	6/6	YYMMDD
ISA10	Interchange Time	4/4	HHMM
ISA11	Interchange Control Standards Identifier	1/1	"U"
ISA12	Interchange Control Version Number	5/5	"00501"
ISA13	Interchange Control Number	9/9	"121231234"
ISA14	Acknowledgement Requested	1/1	"0" No Interchange Acknowledgment Requested
ISA15	Usage Indicator	1/1	"P" Production Data / "T" Test Data
ISA16	Component element Separator	1/1	":" Delimiter used to separate Components (colon)

### IEA - INTERCHANGE CONTROL TRAILER

Segment / Element	Description	Element Length	Mapping Comments
IEA	Interchange Control Trailer		Required
IEA01	Number of Included Functional Groups	1/5	Default "1"
IEA02	Interchange Control Number	9/9	Default "121231234"



## GS - FUNCTIONAL GROUP HEADER

Segment / Element	Description	Element Length	Mapping Comments
GS	Functional Group Header		Required
GS01	Functional Identifier Code	2/2	"HP" = Health Care Claim Payment Advice
GS02	Application Sender Code	2/15	"CREAD"
GS03	Application Receiver ID	2/15	Client Code specified by Creditor Advocates
GS04	Date	8/8	CCYYMMDD
GS05	Time	4/4	HHMM
GS06	Group Control Number	1/9	Default "121231234" Value must equal GE02
GS07	Responsible Agency Code	1/2	"X" Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier	1/12	"005010X221A1"

## GE - FUNCTIONAL GROUP TRAILER

Segment / Element	Description	Element Length	Mapping Comments
GE	Functional Group Trailer		Required
GE01	Number of Transaction Sets Included	1/6	Default "1"
GE02	Group Control Number	1/9	Default "121231234"

## ST - TRANSACTION SET HEADER

Segment / Element	Description	Element Length	Mapping Comments
ST	Transaction Set Header		Required
ST01	Transaction Set Identifier Code	3/3	"835"
ST02	Transaction Set Control Number	4/9	Default "121231234"

## SE - TRANSACTION SET TRAILER

Segment / Element	Description	Element Length	Mapping Comments
SE	Transaction Set Trailer		Required
SE01	Number Of Included Segments	1/10	Number of segments including ST and SE
SE02	Transaction Set Control Number	4/9	Default "121231234"

## **Remittance Information**

### **BPR - FINANCIAL INFORMATION**

Segment / Element	Description	Element Length	Mapping Comments
BPR	Financial Information		Required
BPR01	Transaction Handling Code	1/2	"I" = Remittance Information Only
BPR02	Monetary Amount	1/18	Total Actual Provider Payment Amount
BPR03	Credit/Debit Flag	1/1	"C" = Credit
BPR04	PAYMENT METHOD CODE	3/3	"CHK" or "ACH"
BPR05	PAYMENT FORMAT CODE	1/10	Not used at this time
BPR06	(DFI) ID NUMBER QUALIFIER	2/2	Not used at this time or "01" for ACH
BPR07	(DFI) IDENTIFICATION NUMBER	3/12	Not used at this time or CA bank routing # for ACH
BPR08	Account Number Qualifier	1/3	Not used at this time
BPR09	Sender Bank Account Number	1/35	Not used at this time or CA bank account # for ACH
BPR10	ORIGINATING COMPANY IDENTIFIER	10/10	1 + CA FEIN
BPR11	Originating Company Supplemental Code	9/9	Not used at this time
BPR12	DFI Identification Number Qualifier	2/2	Not used at this time
BPR13	Receiver or Provider Bank ID Number	3/12	Not used at this time
BPR14	ACCOUNT NUMBER QUALIFIER	1/3	Not used at this time
BPR15	Receiver or Provider ACCOUNT NUMBER	1/35	Not used at this time
BPR16	Check Issue or EFT Effective Date	8/8	CCYYMMDD or +2 days

### **TRN - TRACE INFORMATION**

Segment / Element	Description	Element Length	Mapping Comments
TRN	Reassociation Trace Number		Required
TRN01	Trace Type Code	1/2	"1" = Current Transaction Trace Numbers
TRN02	REFERENCE IDENTIFICATION	1/50	Invoice #
TRN03	ORIGINATING COMPANY IDENTIFIER	10/10	1 + CA FEIN (identical to BPR10)
TRN04	ORIGINATING SUPPLEMENTAL CODE	1/50	Gross Agency Payment Amount

## REF - RECEIVER INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
REF	Receiver Identification		Required
REF01	Receiver Identification Number	2/3	"EV" = Receiver Identification Number
REF02	Receiver REFERENCE IDENTIFICATION	1/50	Provider FEIN

## DTM - DATE INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
DTM	Date		Required
DTM01	Date/Time Qualifier	3/3	"405"
DTM02	Date	8/8	Invoice create date in format CCYYMMDD

## N1 - PAYER INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
N1	Payer Identification		Required
N101	Entity Identifier Code	2/3	"PR" Payer
N102	Name	1/60	"CREDITOR ADVOCATES INC"

## N3 - PAYER ADDRESS

Segment / Element	Description	Element Length	Mapping Comments
N3	Payer Address		Required
N301	Address Information	1/55	"4719 PARK NICOLLET AVE SE #115"

## N4 - PAYER ADDRESS

Segment / Element	Description	Element Length	Mapping Comments
N4	Payer City, State, Zip Code		Required
N401	City	2/30	"PRIOR LAKE"
N402	State	2/2	"MN"
N403	Postal Code	3/15	"55372"

**REF - ADDITIONAL PAYER INFORMATION**

Segment / Element	Description	Element Length	Mapping Comments
REF	Additional Payer Identification		Required
REF01	Reference Identification Qualifier	2/3	"2U"
REF02	Reference Identification	1/50	1 + CA FEIN

**PER - ADDITIONAL PAYER INFORMATION**

Segment / Element	Description	Element Length	Mapping Comments
PER	Payer Contact Information		Required
PER01	Contact Function Code	2/2	"CX" Payers Claim Office
PER02	Payer Contact Name	1/60	"Client Support"
PER03	Communication Number Qualifier	2/2	"TE" Telephone
PER04	Payer Contact Communication Number	1/256	9526575931
PER05	Communication Number Qualifier	2/2	"EM" Email
PER06	Payer Contact Communication Number	1/256	customerservice@creditoradvocates.com

**PER - ADDITIONAL PAYER INFORMATION**

Segment / Element	Description	Element Length	Mapping Comments
PER	Payer Contact Information		Required
PER01	Contact Function Code	2/2	"BL" Technical Support
PER02	Payer Contact Name	1/60	"EDI Support: John Brown"
PER03	Communication Number Qualifier	2/2	"TE" Telephone
PER04	Payer Contact Communication Number	1/256	9526575931
PER05	Communication Number Qualifier	2/2	"EM" Email
PER06	Payer Contact Communication Number	1/256	johnbrown@creditoradvocates.com

**PER - ADDITIONAL PAYER INFORMATION**

Segment / Element	Description	Element Length	Mapping Comments
PER	Payer Contact Information		Required
PER01	Contact Function Code	2/2	"IC" Information

PER02	Payer Contact Name	1/60	"Client Access Portal"
PER03	Communication Number Qualifier	2/2	"UR" URL
PER04	Payer Contact Communication Number	1/256	<a href="https://portal.creditoradvocates.com">https://portal.creditoradvocates.com</a>

## N1 - PAYEE INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
N1	Payee Identification		Required
N101	Entity Identifier Code	2/3	"PE" Payee
N102	Payee Name	1/60	Creditor's Name
N103	Payee Identification Code Qualifier	1/2	"FI" FEIN
N104	Payee Identification Code	2/80	Provider FEIN

## N3 - PAYEE ADDRESS

Segment / Element	Description	Element Length	Mapping Comments
N3	Payee Address		Required
N301	Address Information	1/55	Client's address

## N4 - PAYEE ADDRESS

Segment / Element	Description	Element Length	Mapping Comments
N4	Payee City, State, Zip Code		Required
N401	City	1/30	Client's city
N402	State	2/2	Client's state
N403	Postal Code	1/15	Client's zip

## REF - ADDITIONAL PAYEE INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
REF	Additional Payee Identification		Required
REF01	Reference Identification Qualifier	2/3	"TJ"
REF02	Reference Identification	1/50	Provider FEIN

## **Transaction Detail Loop**

### **LX - Header Number Loop (Required)**

Segment / Element	Description	Element Length	Mapping Comments
LX	Header Number		
LX01	Claim Sequence Number	1/6	Transaction Sequence Number

### **CLP - Claim Payment Information Loop (Required)**

Segment / Element	Description	Element Length	Mapping Comments
CLP	Claim payment Information		Required
CLP01	Patient Control Number	1/38	Client Account Number
CLP02	Claim Status Code	1/2	"3" (tertiary)
CLP03	Total Claim Charge Amount	1/18	Balance before payment
CLP04	Total Claim Payment Amount	1/18	Due client payment amount
CLP05	Patient Responsibility Amount	1/18	Balance after payment
CLP06	Claim Filing Indicator Code	1/2	"09" (self-pay)
CLP07	Payer Claim Control Number	1/50	Creditor Advocates Debt ID

### **CAS - Claim Adjustment (Optional)**

**[Used to post commissions at claim level]**

Segment / Element	Description	Element Length	Mapping Comments
CAS	Claim Adjustment		Required
CAS01	Claim Adjustment Group Code	1/2	"CO" Patient Responsibility
CAS02	Adjustment Reason Code	1/5	"131" Claim specific negotiated discount.
CAS03	Adjustment Amount	1/18	Due agency commission amount
CAS04	Quantity	1/15	Not used
CAS05	Adjustment Reason Code	1/5	"1" Deductible (Only used for gross remittance)
CAS06	Adjustment Amount	1/18	Offsetting commission amount (Only used for gross remittance)

**CAS - Claim Adjustment (Optional)**  
**[Used to offset Bad Debt Adjustment]**

Segment / Element	Description	Element Length	Mapping Comments
CAS	Claim Adjustment		Required
CAS01	Claim Adjustment Group Code	1/2	"OA" Patient Responsibility
CAS02	Adjustment Reason Code	1/5	"1" Deductible
CAS03	Adjustment Amount	1/18	Gross payment amount
CAS04	Quantity	1/15	Not used
CAS05	Adjustment Reason Code	1/5	Provider defined Adjustment Reason Code
CAS06	Adjustment Amount	1/18	Offsetting payment amount

**CAS - Claim Adjustment (Required when Balance After Payment is not \$0.00)**

Segment / Element	Description	Element Length	Mapping Comments
CAS	Claim Adjustment		Required
CAS01	Claim Adjustment Group Code	1/2	"PR" Patient Responsibility
CAS02	Adjustment Reason Code	1/5	"1" Deductible Amount
CAS03	Adjustment Amount	1/18	Balance after payment if not \$0.00

**NM1 - Patient Name (Required)**

Segment / Element	Description	Element Length	Mapping Comments
NM1	Patient Name		Required
NM101	Patient Identifier Code	2/3	"QC"
NM102	Entity Type Qualifier	1/1	"1"
NM103	Patient Last Name	1/60	Patient last name
NM104	Patient First Name	1/35	Patient first name
NM105	Patient Middle Name	1/25	Patient middle name
NM106			
NM107	Patient Name Suffix	1/10	Patient name suffix
NM108	Identification Code Qualifier	1/2	"MI" Member Identifier
NM109	Patient Identifier	2/80	Identifier



### DTM - DATE INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
DTM	Date		Required
DTM01	Date/Time Qualifier	3/3	"233" Claim Statement Period End
DTM02	Date	8/8	Date of Service CCYYMMDD

### DTM - DATE INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
DTM	Date		Required
DTM01	Date/Time Qualifier	3/3	"141" Assigned
DTM02	Date	8/8	Assigned to collections CCYYMMDD

### DTM - DATE INFORMATION

Segment / Element	Description	Element Length	Mapping Comments
DTM	Date		Required
DTM01	Date/Time Qualifier	3/3	"733" Date of Last Payment Received
DTM02	Date	8/8	Payment Date CCYYMMDD

### AMT - Claim Supplemental Information

Segment / Element	Description	Element Length	Mapping Comments
ATM	Claim Supplemental Information		Required
ATM01	Date/Time Qualifier	1/3	"F5" Patient Amount Paid
AMT02	Claim Supplemental Information Amount	1/18	Payment Amount

### AMT - Claim Supplemental Information

Segment / Element	Description	Element Length	Mapping Comments
ATM	Claim Supplemental Information		Required
ATM01	Date/Time Qualifier	1/3	"T4" Total balance
AMT02	Claim Supplemental Information Amount	1/18	Current account balance

## **Remittance Level Adjustments**

### **PLB - PROVIDER LEVEL ADJUSTMENT (Present when Past Due Balance not \$0.00)**

Segment / Element	Description	Element Length	Mapping Comments
PLB	Provider Level Adjustment		
PLB01	Provider ID	1/50	Client Code
PLB02	Date CCYYMMDD	8/8	Current date
PLB03	Adjustment Reason Code & Provider Adjustment Identifier	2/2:1/50	FB: Past Due Balance
PLB04	Provider Adjustment Amount	1/18	Previous past due balance amount

### **PLB - PROVIDER LEVEL ADJUSTMENT (Present when Past Due Balance not \$0.00)**

Segment / Element	Description	Element Length	Mapping Comments
PLB	Provider Level Adjustment		
PLB01	Provider ID	1/50	Client Code
PLB02	Date CCYYMMDD	8/8	Current date
PLB03	Adjustment Reason Code & Provider Adjustment Identifier	2/2:1/50	B3: Recovery Allowance
PLB04	Provider Adjustment Amount	1/18	Offset commissions on direct payments

ISA*00* *00* *30*272783788 *30*121231234 *210301*1403*U*00501*121231234*0*P*~ GS*HP*CREAD*TEST_CLIENT*20210301*1403*121231234*X*005010X221A1~ ST*835*121231234~ BPR*I*33.59*C*ACH*CCP*01*91908726***1272783788*****20230701~ TRN*1*I*Inv#999999*1272783788*ACH Amount Sent: \$75.00~ REF*EV*121231234~ DTM*405*20210301~ N1*PR*CREDITOR ADVOCATES INC~ N3*4719 Park Nicollet Ave SE #115~ N4*Prior Lake*MN*55372~ REF*2U*121231234~ PER*CX*JOHN_BROWN*TE*9526575930~ PER*BL*EDI SUPPORT: JOHN_BROWN*TE*9526575931*EM*johnbrown@creditoradvocates.com~ PER*IC*CLIENT ACCESS PORTAL*UR*https://portal.creditoradvocates.com~ N1*PE*ABC Hospital Test Client*FI*121231234~ N3*123 Main St~ N4*ANY TOWN*MN*55333~ REF*TJ*121231234~	
LX*1~ CLP*222333*3*297.23*10.23*287.00*09*169991869~ CAS*PR*1*287.00~ NM1*QC*1*SMITH*ADAM****MI*08/20/1987~ NM1*EAM*1*SMITH*ADAM*A***MI*08/20/1987~ DTM*233*20210219~ DTM*141*20220625~ DTM*733*20230606~ AMT*F5*10.23~ AMT*T4*287.00~	\$10.23 Agency payment \$287.00 Account balance after payment
LX*2~ CLP*333444*3*64.77*64.77*0.00*09*169031321~ NM1*QC*1*SMITH*ADAM****MI*08/20/1987~ NM1*EAM*1*SMITH*ADAM*A***MI*08/20/1987~ DTM*233*20210222~ DTM*141*20220625~ DTM*733*20230606~ AMT*F5*64.77~	\$64.77 Agency payment in full \$0.00 Account balance after payment
PLB*CLIENT CODE*20230701*B3:31.41~ PLB*CLIENT CODE*20230701*FB:10.00~	\$31.41 Offsetting commissions on direct payments \$10.00 Past Due Balance
SE*37*121231234~ GE*1*121231234~ IEA*1*121231234~	

## Advanced File Example: Commission Posting at Claim Level

ISA*00*      *00*      *30*272783788      *30*121231234      *210301*1403*U*00501*121231234*0*P*:- GS*HP*CREAD*TEST_CLIENT*20210301*1403*121231234*X*005010X221A1~ ST*835*121231234~ BPR*I*33.59*C*ACH*CCP*01*91908726***1272783788*****20230701~ TRN*1*Inv#999999*1272783788*ACH Amount Sent: \$75.00~ REF*EV*121231234~ DTM*405*20210301~ N1*PR*CREDITOR ADVOCATES INC~ N3*4719 Park Nicollet Ave SE #115~ N4*Prior Lake*MN*55372~ REF*2U*121231234~ PER*CX*JOHN_BROWN*TE*9526575930~ PER*BL*EDI SUPPORT: JOHN_BROWN*TE*9526575931*EM*johnbrown@creditoradvocates.com~ PER*IC*CLIENT ACCESS PORTAL*UR*https://portal.creditoradvocates.com~ N1*PE*ABC Hospital Test Client*FI*121231234~ N3*123 Main St~ N4*ANY TOWN*MN*55333~ REF*TJ*121231234~	
LX*1~ CLP*222333*3*297.23*7.16*287.00*09*169991869~ CAS*CO*131*3.07~ CAS*PR*1*287.00~ NM1*QC*1*SMITH*ADAM****MI*08/20/1987~ NM1*EAM*1*SMITH*ADAM*A***MI*08/20/1987~ DTM*233*20210219~ DTM*141*20220625~ DTM*733*20230606~ AMT*F5*10.23~ AMT*T4*287.00~	           <i>\$10.23 Agency payment  \$7.16 Due Client Amount  \$3.07 Commission Amount  \$287.00 Account balance after payment</i>
LX*3~ CLP*333444*3*64.77*55.05*0.00*09*169031321~ CAS*CO*131*9.72~ NM1*QC*1*SMITH*ADAM****MI*08/20/1987~ NM1*EAM*1*SMITH*ADAM*A***MI*08/20/1987~ DTM*233*20210222~ DTM*141*20220625~ DTM*733*20230606~ AMT*F5*64.77~	           <i>\$64.77 Agency payment in full  \$55.05 Due Client Amount  \$9.72 Commission Amount  \$0.00 Account balance after payment</i>
LX*5~ CLP*555666*3*0.00*0.00*0.00*09*190873430~ CAS*CO*131*18.62**1*-18.62~ NM1*QC*1*DOE*JOHN*B~ DTM*233*20210222~ DTM*141*20220625~ DTM*733*20230606~ AMT*F5*49.22~	           <i>\$49.22 Direct payment in full  \$18.62 Agency commission on direct payment</i>
PLB*CLIENT CODE*20230701*B3:18.62~ PLB*CLIENT CODE*20230701*FB:10.00~	  <i>\$18.62 Offsetting commissions on direct payments  \$10.00 Past Due Balance</i>
SE*45*121231234~ GE*1*121231234~ IEA*1*121231234~	

## Advanced File Example: Claim Level Bad Debt Reversal

ISA*00*      *00*      *30*272783788      *30*121231234      *210301*1403*U*00501*121231234*0*P*:-~ GS*HP*CREAD*TEST_CLIENT*20210301*1403*121231234*X*005010X221A1~ ST*835*121231234~ BPR*I*33.59*C*ACH*CCP*01*91908726***1272783788*****20230701~ TRN*1*Inv#999999*1272783788*ACH Amount Sent: \$75.00~ REF*EV*121231234~ DTM*405*20210301~ N1*PR*CREDITOR ADVOCATES INC~ N3*4719 Park Nicollet Ave SE #115~ N4*Prior Lake*MN*55372~ REF*2U*121231234~ PER*CX*JOHN_BROWN*TE*9526575930~ PER*BL*EDI SUPPORT: JOHN_BROWN*TE*9526575931*EM*johnbrown@creditoradvocates.com~ PER*IC*CLIENT ACCESS PORTAL*UR*https://portal.creditoradvocates.com~ N1*PE*ABC Hospital Test Client*FI*121231234~ N3*123 Main St~ N4*ANY TOWN*MN*55333~ REF*TJ*121231234~	
LX*1~ CLP*222333*3*297.23*10.23*287.00*09*169991869~ CAS*OA*1*10.23**ZBADD*-10.23~ CAS*PR*1*287.00~ NM1*QC*1*SMITH*ADAM****MI*08/20/1987~ NM1*EAM*1*SMITH*ADAM*A***MI*08/20/1987~ DTM*233*20210219~ DTM*141*20220625~ DTM*733*20230606~ AMT*F5*10.23~ AMT*T4*287.00~	\$10.23 Agency payment \$287.00 Account balance after payment \$10.23 Moved from provider defined Bad Debt to Deductible
LX*2~ CLP*333444*3*64.77*64.77*0.00*09*169031321~ CAS*OA*1**64.77**ZBADD*~*64.77~ NM1*QC*1*SMITH*ADAM****MI*08/20/1987~ NM1*EAM*1*SMITH*ADAM*A***MI*08/20/1987~ DTM*233*20210222~ DTM*141*20220625~ DTM*733*20230606~ AMT*F5*64.77~	\$64.77 Agency payment in full \$0.00 Account balance after payment \$64.77 Moved from provider defined Bad Debt to Deductible
PLB*CLIENT CODE*20230701*B3:31.41~ PLB*CLIENT CODE*20230701*FB:10.00~	\$31.41 Offsetting commissions on direct payments \$10.00 Past Due Balance
SE*39*121231234~ GE*1*121231234~ IEA*1*121231234~	