Attachment 20 - Capitation Payment Deduction

**Capitation Deductions Detail by IPA**

**April 2022**

**Total Deduction for:**

|  |  |
| --- | --- |
| **Health Plan Disputes/Decap** |  |
|  |
| **Provider Of Service** | **LOB** | **Member Last****Name** | **Member First****Name** | **Date of****Service** | **Member Number** | **Claim Number** | **Claim****Version** | **Procedure****Code** | **Primary****Modifier Code** | **Quantity** | **Amount****Paid** | **Reason****Code** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

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