Aetna Better Health® of Virginia

9881 Mayland Drive Richmond, VA 23233



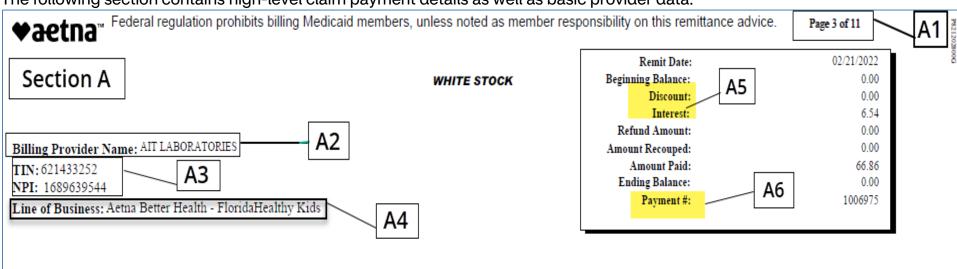
AETNA BETTER HEALTH® OF VIRGINIA

Provider Education: Paper Remittances

The purpose of this document is to give providers a high-level breakdown of the redesigned remittance document.

Section A: Page layout

The following section contains high-level claim payment details as well as basic provider data.



A1: Page number

A2: Billing Provider Name

A3: TIN & NPI

A4: Line of Business

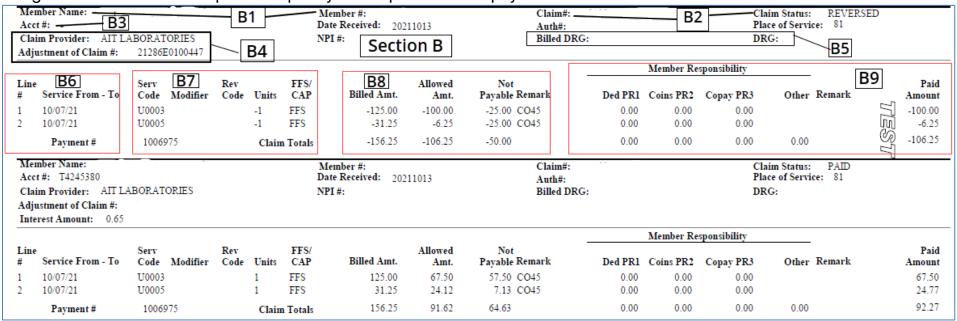
A5: Discount & Interest

A6: Payment # (Note: This field notates the check number when there

is a payment or payment ID when there is not a payment.)

Section B

This section illustrates key fields a provider may refer to when reviewing individual claim information. This section has been redesigned to be easier to interpret and quickly find important claim payment details.



B1: Member Name & Member #

B2: Claim # & Claim Status

B3: Acct #

B4: Claim Provider & Adjustment of Claim

B5: Billed DRG & DRG

B6: Line#: Service From-To

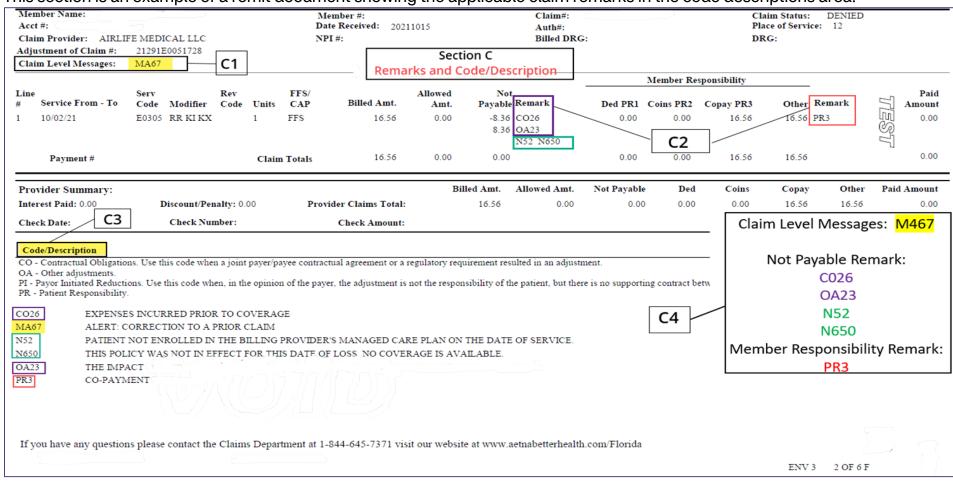
B7: Serv Code, Rev Code, Units FFS/CAP

B8: Billed & Allowed Amount (There may be more than one line per service code.)

B9: Member Responsibility (There may be more than one line per service code.)

Section C: Code/Description

This section is an example of a remit document showing the applicable claim remarks in the code descriptions area.



C1: Claim Level Messages

C2: Remark for each service line (There may be more than one line per service code.)

C3: Code/Descriptions

C4: Code reference