

ATTACHMENT II

10/15/2012

This check represents General Excise Tax for dental services paid to you during the previous month for the following HMSA FED87 members:

Total Excise Tax Amount Paid:

Payee Name:

Payee ID:

Summary

Patient ID	Patient Name	Claim Number	First Date of Service	Excise Tax Amt Paid by Claim
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999 9999999999 9999999999 9999999999	YYYYMMDD	XXXXXXXXXX.XX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999 9999999999		
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999		
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999		
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999 9999999999		
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999		

**THIS REPORT IS
INCLUDED WITH THE
PROVIDER'S CHECK.**

If you have any questions regarding your General Excise Tax payment please access www.bshi.net/dental/providers or contact Dental Customer Service at 808-948-6440 on Oahu or toll free 1-800-792-4672.