



VX 520 Sample Print Receipts

This section contains samples of receipts you will see when you print transactions on the Point of Service (POS) device internal printer. For more information on the POS device internal printer, see the [VX 520 Device Introduction](#) section of this user guide.

Overview

All receipt data in this section is fictitious and intended for sample purposes only. Actual receipt data will reflect actual data entered into the POS device.

The provider name, phone number and closing statements can be customized. Please see "Device Setup" in the [VX 520 Device System Transactions](#) section of this guide.

Eligibility Inquiry Response

DR. MARCUS WELBY ←

CALIFORNIA

DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL POS NETWORK

(916) 555-5555 ←

MM/DD/CCYY HH:MM:SS

TERMINAL: 000001111

SOFTWARE: ZZZZ01

NATIONAL PROVIDER ID: 1234567890

ELIGIBILITY INQUIRY

SUBSCRIBER ID:
1234567890

SUBSCRIBER BIRTH DATE:
CCYY-MM-DD

ISSUE DATE:
YY-MM-DD

SERVICE DATE:
CCYY-MM-DD

SUBSCRIBER LAST NAME: DOE JOHN.
MEDI-CAL RECIP HAS A \$00100 SOC.
ELIGIBILITY REPORTED RETROACTIVELY.
REMAINING SOC \$ 100.00

THANK YOU!
CLOSING STATEMENT ←

Can be customized

Can be customized

Share of Cost Clearance
or Reversal With Response

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES MEDI-CAL POS NETWORK	←	Can be customized
(916) 555-5555	←	
MM/DD/CCYY	HH:MM:SS	
TERMINAL: 000001111 SOFTWARE: ZZZZ01		
NATIONAL PROVIDER ID: 1234567890		
SHARE OF COST		
SUBSCRIBER ID: 1234567890		
SUBSCRIBER BIRTH DATE: CCYY-MM-DD		
ISSUE DATE: YY-MM-DD		
SERVICE DATE: CCYY-MM-DD		
CASE NUMBER:		
PROCEDURE CODE: 90000		
SOC (SPEND DOWN) AMT	\$ 1.00	
TOTAL CLAIM CHARGE:	\$ 1.00	
SUBSCRIBER LAST NAME: DOE JOHN. AMOUNT DEDUCTED: \$ 10.00. REMAINING SOC \$ 90.00. SOC CLEARANCE APPLIED. MEDI-CAL RECIP HAS A \$00100 SOC ELIGIBILITY REPORTED RETROACTIVELY		
THANK YOU! CLOSING STATEMENT	←	Can be customized

**Medi-Service Reservation
or Reversal With Response**

Only certain providers can reserve and bill for Medi-Services. Please see the Medi-Cal provider manual for information about when to reserve Medi-Services.

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES MEDI-CAL POS NETWORK	←	Can be customized
(916) 555-5555	←	
MM/DD/CCYY	HH:MM:SS	
TERMINAL: 000001111 SOFTWARE: ZZZZZ01		
NATIONAL PROVIDER ID: 1234567890		
MEDI SERVICES		
SUBSCRIBER ID: 1234567890		
SUBSCRIBER BIRTH DATE: CCYY-MM-DD		
ISSUE DATE: YY-MM-DD		
SERVICE DATE: CCYY-MM-DD		
PROCEDURE CODE: 99999		
SUBSCRIBER LAST NAME: DOE JOHN. MEDI SVC RESERVATION APPLIED. # OF MEDI SVCS REMAINING FOR MONTH OF SVC ENTERED: 0		
THANK YOU! CLOSING STATEMENT	←	Can be customized