

Check Summary**Transaction Date:** October 23, 2023

AMERIGROUP TEXAS, INC. PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 3224080874 Payment Amount: 10.92 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/20/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: MENDOZA, JUAN**Claim Number:** 255808808300511**Claim Date:** 12/21/2022-12/21/2022 **Claim Status Code:** 2

Patient ID: 733022850	Group / Policy: TXMDR000	Facility Type: 22	Claim Charge: \$4,862.00
Patient Ctrl Nmbr: 0.2836207	Contract Hdr: HOUSTON MEDICARE	Claim Frequency:	Claim Payment: \$10.92
Rendering Prvd: DE JESUS, MARIA	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 2

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
	12/21/2022 - 12/21/2022				HC:95938 / 26 / 1	N10	\$33.77 (B6)	\$3,107.00	CO-45 OA-23	\$9.29 \$3,097.71	\$0.00
	12/21/2022 - 12/21/2022				HC:95955 / 26 / 1	N10	\$53.75 (B6)	\$1,755.00	OA-23	\$1,744.08	\$10.92

Code Descriptions**REMARK CODE(S):**

N10=Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

Payer: AMERIGROUP TEXAS, INC.	Check/EFT Trace Number: 3224080874	Check/EFT Date: 10/23/2023	Total Paid: \$10.92
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CLAIM ADJUSTMENT REASON CODE(S):

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

CLAIM STATUS CODE(S):

2=Processed as Secondary