

**Check Summary****Transaction Date:** October 12, 2023

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	9811 W CHARLESTON BLVD STE 2 641
	<b>Check/EFT Trace Number:</b>	9970568553		LAS VEGAS, NV 89117
	<b>Payment Amount:</b>	218.32		
	<b>Check/EFT Date:</b>	10/12/2023		
	<b>Production End Cycle Date:</b>	10/06/2023		

**Patient Name:** BEVINGTON, MARK**Claim Number:** 376318399661**Claim Date:** 01/10/2023-01/10/2023 **Claim Status Code:** 2

<b>Patient ID:</b> 31346295111	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$21,724.00
<b>Patient Ctrl Nmbr:</b> 0.2854174	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$43.70
<b>Rendering Prvd:</b> MCAULIFFE,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/20/2023	<b>Patient Resp:</b>	\$13,048.00
<b>Original Ref Nmbr:</b>				

**Line Details** **Results:** 8

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
229133658314556001	01/10/2023 - 01/10/2023				HC:95939 / 26 / 0		\$117.24 (B6)	\$3,814.00	OA-23	\$3,790.55	\$23.45
229133658314556002	01/10/2023 - 01/10/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
229133658314556003	01/10/2023 - 01/10/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
229133658314556004	01/10/2023 - 01/10/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658314556005	01/10/2023 - 01/10/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658314556006	01/10/2023 - 01/10/2023				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
229133658314556007	01/10/2023 - 01/10/2023				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
229133658314556008	01/10/2023 - 01/10/2023				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970568553	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$218.32
---	---	-----------------------------------	-----------------------------

Supplemental Information - AMT/Payer Codes: \$218.49 (AU)

<b>Patient Name:</b> BODRERO, LINDA J	<b>Claim Number:</b> 376218394021	<b>Claim Date:</b> 10/19/2022-10/19/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 33031425011	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,374.00
<b>Patient Ctrl Nmbr:</b> 0.2755329	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$45.39
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/19/2023	<b>Patient Resp:</b> \$10,698.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 6
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
237138175819556001	10/19/2022 - 10/19/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
237138175819556002	10/19/2022 - 10/19/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
237138175819556003	10/19/2022 - 10/19/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
237138175819556004	10/19/2022 - 10/19/2022				HC:95870 / 26 / 0			\$1,749.00	PR-204	\$1,749.00	\$0.00
237138175819556005	10/19/2022 - 10/19/2022				HC:95870 / 26,XU / 0			\$1,749.00	PR-204	\$1,749.00	\$0.00
237138175819556006	10/19/2022 - 10/19/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$226.94 (AU)

<b>Patient Name:</b> GIAMANCO, JOSEPH	<b>Claim Number:</b> 376200071921	<b>Claim Date:</b> 08/23/2022-08/23/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 08616081311	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$15,084.00
<b>Patient Ctrl Nmbr:</b> 0.2683514	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$62.19
<b>Rendering Prvd:</b> NATH,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/19/2023	<b>Patient Resp:</b> \$3,600.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 6
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

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970568553	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$218.32
---	---	-----------------------------------	-----------------------------

Line Details											Results: 6
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
230134401629556001	08/23/2022 - 08/23/2022				HC:95939 / 26 / 0		\$123.35 (B6)	\$3,814.00	OA-23	\$3,789.33	\$24.67
230134401629556002	08/23/2022 - 08/23/2022				HC:95822 / 26 / 0		\$59.36 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
230134401629556003	08/23/2022 - 08/23/2022				HC:95938 / 26 / 0		\$47.27 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
230134401629556004	08/23/2022 - 08/23/2022				HC:95870 / 26 / 0		\$40.50 (B6)	\$1,404.00	OA-23	\$1,395.90	\$8.10
230134401629556005	08/23/2022 - 08/23/2022				HC:95870 / 26,XU / 0		\$40.50 (B6)	\$1,404.00	OA-23	\$1,395.90	\$8.10
230134401629556006	08/23/2022 - 08/23/2022				HC:95999 // 0			\$3,600.00	PR-204	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$310.98 (AU)

<b>Patient Name:</b> WALTERS, ANNA M	<b>Claim Number:</b> 376318398101	<b>Claim Date:</b> 11/29/2022-11/29/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 32383555411	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$11,690.00
<b>Patient Ctrl Nmbr:</b> 0.2804530	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$21.05
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/20/2023	<b>Patient Resp:</b> \$6,828.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 5
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
199116499022556001	11/29/2022 - 11/29/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
199116499022556002	11/29/2022 - 11/29/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
199116499022556003	11/29/2022 - 11/29/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970568553	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$218.32
---	---	-----------------------------------	-----------------------------

Line Details											Results: 5
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
199116499022556004	11/29/2022 - 11/29/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
199116499022556005	11/29/2022 - 11/29/2022				HC:95999 // 0			\$3,600.00	PR-204	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$105.25 (AU)

<b>Patient Name:</b> WILBUR, KAREN	<b>Claim Number:</b> 376110176291	<b>Claim Date:</b> 11/29/2022-11/29/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 07441681011	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$22,602.00
<b>Patient Ctrl Nmbr:</b> 0.2805407	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$45.99
<b>Rendering Prvd:</b> NATH,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/18/2023	<b>Patient Resp:</b> \$13,926.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 8
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
205119551813556001	11/29/2022 - 11/29/2022				HC:95939 / 26 / 0		\$123.35 (B6)	\$3,814.00	OA-23	\$3,789.33	\$24.67
205119551813556002	11/29/2022 - 11/29/2022				HC:95822 / 26 / 0		\$59.36 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
205119551813556003	11/29/2022 - 11/29/2022				HC:95938 / 26 / 0		\$47.27 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
205119551813556004	11/29/2022 - 11/29/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
205119551813556005	11/29/2022 - 11/29/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
205119551813556006	11/29/2022 - 11/29/2022				HC:95870 / 26,XU / 0			\$1,749.00	PR-204	\$1,749.00	\$0.00
205119551813556007	11/29/2022 - 11/29/2022				HC:95870 / 26,XU / 0			\$1,749.00	PR-204	\$1,749.00	\$0.00

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970568553	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$218.32
---	---	-----------------------------------	-----------------------------

Line Details											Results: 8
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
205119551813556008	11/29/2022 - 11/29/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$229.98 (AU)

#### Code Descriptions

##### AMT CODE(S):

B6=Allowed - Actual  
AU=Coverage Amount

##### GROUP CODE(S):

OA=Other Adjustments  
PR=Patient Responsibility

##### CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)  
204=This service/equipment/drug is not covered under the patient's current benefit plan

##### CLAIM STATUS CODE(S):

2=Processed as Secondary