

Check Summary**Transaction Date:** October 20, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23292B1000043059 Payment Amount: 0.00 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Patient Name: NELSON, STACY K**Claim Number:** 230858152200**Claim Date:** 01/16/2023-01/16/2023 **Claim Status Code:** 1

Patient ID: A11590822	Group / Policy:	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2860009	Contract Hdr: AZ MEDICAID -COPAY LEVEL 00	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 10/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7394200431Z1	01/16/2023 - 01/16/2023				HC:95938 / 26 / 1			\$3,107.00	PI-29	\$3,107.00	\$0.00
7394200431Z2	01/16/2023 - 01/16/2023				HC:95955 / 26 / 1			\$1,755.00	PI-29	\$1,755.00	\$0.00
7394200431Z3	01/16/2023 - 01/16/2023				HC:95861 / 26 / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7394200431Z4	01/16/2023 - 01/16/2023				HC:95861 / 26,XU / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7394200431Z5	01/16/2023 - 01/16/2023				HC:95999 // 3			\$5,400.00	PI-29	\$5,400.00	\$0.00

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

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23292B1000043059	Check/EFT Date: 10/20/2023	Total Paid: \$0.00
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CLAIM STATUS CODE(S):

1=Processed as Primary