

**Check Summary****Transaction Date:** October 11, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 117661900231012 <b>Payment Amount:</b> 448.49 <b>Check/EFT Date:</b> 10/11/2023 <b>Production End Cycle Date:</b> 10/11/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** CAMPAGNA, CECILIA**Claim Number:** 820232830651098**Claim Date:** 01/10/2023-01/10/2023 **Claim Status Code:** 1

<b>Patient ID:</b> H53323899	<b>Group / Policy:</b> 0Y098201	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$9,890.00
<b>Patient Ctrl Nmbr:</b> 0.2853514	<b>Contract Hdr:</b> MEDICARE ADVANTAGE HMO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/10/2023	<b>Patient Resp:</b> \$0.00
<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
7388955237Z1	01/10/2023 - 01/10/2023				HC:95938 / 26 / 1			\$3,107.00	CO-B11	\$3,107.00	\$0.00
7388955237Z2	01/10/2023 - 01/10/2023				HC:95955 / 26 / 1			\$1,755.00	CO-B11	\$1,755.00	\$0.00
7388955237Z3	01/10/2023 - 01/10/2023				HC:95861 / 26 / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00
7388955237Z4	01/10/2023 - 01/10/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00
7388955237Z5	01/10/2023 - 01/10/2023				HC:95999 // 1			\$1,800.00	CO-B11	\$1,800.00	\$0.00

**Patient Name:** EVERETT, JAMES**Claim Number:** 820232720597927**Claim Date:** 11/28/2022-11/28/2022 **Claim Status Code:** 1

<b>Patient ID:</b> H68705385	<b>Group / Policy:</b> 0Y098201	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$22,772.00
<b>Patient Ctrl Nmbr:</b> 0.2803202	<b>Contract Hdr:</b> MEDICARE ADVANTAGE HMO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$448.49
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/29/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 117661900231012	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$448.49
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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
7353834568Z8	11/28/2022 - 11/28/2022				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7353834568Z1	11/28/2022 - 11/28/2022				HC:95939 / 26 / 1		\$121.69 (B6)	\$3,814.00	CO-253 CO-45	\$2.43 \$3,692.31	\$119.26
7353834568Z2	11/28/2022 - 11/28/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7353834568Z3	11/28/2022 - 11/28/2022				HC:95955 / 26,XU / 1		\$54.65 (B6)	\$5,225.00	CO-253 CO-45	\$1.09 \$5,170.35	\$53.56
7353834568Z4	11/28/2022 - 11/28/2022				HC:51785 / 26 / 1		\$100.45 (B6)	\$2,799.00	CO-253 CO-45	\$2.01 \$2,698.55	\$98.44
7353834568Z5	11/28/2022 - 11/28/2022				HC:51785 / 26,XU / 1		\$50.23 (B6)	\$2,799.00	CO-253 CO-45	\$1.00 \$2,748.77	\$49.23
7353834568Z6	11/28/2022 - 11/28/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7353834568Z7	11/28/2022 - 11/28/2022				HC:95861 / 26,XU / 1	N362		\$1,614.00	CO-273	\$1,614.00	\$0.00

<b>Patient Name:</b> WHITE, DERREL	<b>Claim Number:</b> 820232830128036	<b>Claim Date:</b> 09/15/2022-09/15/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> H55785563	<b>Group / Policy:</b> 0Y098201	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$25,921.00
<b>Patient Ctrl Nmbr:</b> 2466062	<b>Contract Hdr:</b> MEDICARE ADVANTAGE HMO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> JONATHAN D BURNS MD,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 9
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
	09/15/2022 - 09/15/2022				HC:95939 / 26,78 / 1			\$3,814.00	CO-B11	\$3,814.00	\$0.00
	09/15/2022 - 09/15/2022				HC:95822 / 26,78 / 1			\$1,755.00	CO-B11	\$1,755.00	\$0.00

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 117661900231012	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$448.49
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Line Details											Results: 9
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
	09/15/2022 - 09/15/2022				HC:95938 / 26,78 / 1			\$3,107.00	CO-B11	\$3,107.00	\$0.00
	09/15/2022 - 09/15/2022				HC:95912 / 26,78 / 1			\$1,135.00	CO-B11	\$1,135.00	\$0.00
	09/15/2022 - 09/15/2022				HC:95886 / 26,78 / 2			\$2,972.00	CO-B11	\$2,972.00	\$0.00
	09/15/2022 - 09/15/2022				HC:95886 / 26,XU,78 / 2			\$2,972.00	CO-B11	\$2,972.00	\$0.00
	09/15/2022 - 09/15/2022				HC:95887 / 26,78 / 1			\$583.00	CO-B11	\$583.00	\$0.00
	09/15/2022 - 09/15/2022				HC:95887 / 26,XU,78 / 1			\$583.00	CO-B11	\$583.00	\$0.00
	09/15/2022 - 09/15/2022				HC:95999 // 5			\$9,000.00	CO-B11	\$9,000.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

CO=Contractual Obligations

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

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

253=Sequestration - reduction in federal payment

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 117661900231012	<b>Check/EFT Date:</b> 10/11/2023	<b>Total Paid:</b> \$448.49
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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)  
273=Coverage/program guidelines were exceeded.

**CLAIM STATUS CODE(S):**

1=Processed as Primary