

Check Summary

Transaction Date: November 06, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: NO-PAY-202311060006442 Payment Amount: 0.00 Check/EFT Date: 11/06/2023 Production End Cycle Date: 11/06/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	P0.2453752/820220700374266	\$-263.87
L6	SUM OF INTEREST OWED	\$0.04

Patient Name: FAISON, LARRY

Claim Number: 820232820470920

Claim Date: 12/30/2022-12/30/2022 Claim Status Code: 1

Patient ID: H74678647

Group / Policy: 0Y563201

Facility Type: 13

Claim Charge: \$14,983.00

Patient Ctrl Nmbr: 0.2844330

Contract Hdr: MEDICARE ADVANTAGE PPO

Claim Frequency: 1

Claim Payment: \$263.83

Rendering Prvd: FILE, SIGNATURE ON

Rendering Prv ID:

Claim Received Date: 10/09/2023

Patient Resp: \$0.00

Original Ref Nmbr:

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
7384947704Z5	12/30/2022 - 12/30/2022				HC:95999 // 3			\$0.00	OA-94 CO-222	\$-5,400.00 \$5,400.00	\$0.00
	12/30/2022 - 12/30/2022				HC:95999 // 2			\$0.00			\$0.00
	12/30/2022 - 12/30/2022				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
	12/30/2022 - 12/30/2022				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00
	12/30/2022 - 12/30/2022				HC:95999 // 1			\$0.00			\$0.00

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-202311060006442	Check/EFT Date: 11/06/2023	Total Paid: \$0.00
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Line Details											Results: 9
Line Ctrl Nbr	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
7384947704Z1	12/30/2022 - 12/30/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7384947704Z2	12/30/2022 - 12/30/2022				HC:95955 / 26 / 1		\$54.65 (B6)	\$3,107.00	CO-253 CO-45	\$1.09 \$3,052.35	\$53.56
7384947704Z3	12/30/2022 - 12/30/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,755.00	CO-253 CO-45	\$1.68 \$1,671.05	\$82.27
7384947704Z4	12/30/2022 - 12/30/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

Supplemental Information - AMT/Payer Codes: \$0.04 (I)

Code Descriptions

REMARK CODE(S):

WO=Overpayment Recovery

L6=Interest Owed

N19=Procedure code incidental to primary procedure.

AMT CODE(S):

B6=Allowed - Actual

I=Interest

GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

94=Processed in Excess of charges.

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-202311060006442	Check/EFT Date: 11/06/2023	Total Paid: \$0.00
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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)

CLAIM STATUS CODE(S):

1=Processed as Primary