

Check Summary

Transaction Date: October 20, 2023

TRICARE EAST PO BOX 7889 MADISON, WI 53707 WWW.HUMANAMILITARY.COM	Payee Tax ID: Payee ID: 1174916522 Check/EFT Trace Number: 2229372922 Payment Amount: 1,280.20 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PO BOX 29650 PHOENIX, AZ 85038
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	INTEREST PAYMENT	\$1.38
L6	INTEREST PAYMENT	\$1.38

Patient Name: CROCKETT, MICHAEL T

Claim Number: 20232448037290

Claim Date: 06/26/2023-06/26/2023 Claim Status Code: 1

Patient ID: 415231343

Group / Policy:

Facility Type: 22

Claim Charge: \$21,128.00

Patient Ctrl Nbr: 0.3051622

Contract Hdr:

Claim Frequency:

Claim Payment: \$638.72

Rendering Prvd: ,

Rendering Prv ID: 27162250889117A001

Claim Received Date: 09/01/2023

Patient Resp: \$0.00

Original Ref Nbr:

Line Details

Results: 10

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
243141415773556001	06/26/2023 - 06/26/2023	27162250889117A034 1487072245			HC:95939 / 26 / 1	N1	\$112.53 (B6)	\$3,814.00	CO-45	\$3,701.47	\$112.53
243141415773556002	06/26/2023 - 06/26/2023	27162250889117A034 1487072245			HC:95822 / 26 / 1	N1	\$54.09 (B6)	\$1,755.00	CO-45	\$1,700.91	\$54.09
243141415773556003	06/26/2023 - 06/26/2023	27162250889117A034 1487072245			HC:95938 / 26 / 1	N1	\$43.06 (B6)	\$3,107.00	CO-45	\$3,063.94	\$43.06
243141415773556004	06/26/2023 - 06/26/2023	27162250889117A034 1487072245			HC:95861 / 26 / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28
243141415773556005	06/26/2023 - 06/26/2023	27162250889117A034 1487072245			HC:95861 / 26,XU / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28

Payer: TRICARE EAST	Check/EFT Trace Number: 2229372922	Check/EFT Date: 10/20/2023	Total Paid: \$1,280.20
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Line Details											Results: 10
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
243141415773556006	06/26/2023 - 06/26/2023	27162250889117A0341487072245			HC:95865 / 26 / 1	N1	\$78.26 (B6)	\$1,502.00	CO-45	\$1,423.74	\$78.26
243141415773556007	06/26/2023 - 06/26/2023	27162250889117A0341487072245			HC:95865 / 26,XU / 1	N1	\$78.26 (B6)	\$1,502.00	CO-45	\$1,423.74	\$78.26
243141415773556008	06/26/2023 - 06/26/2023	27162250889117A0341487072245			HC:95868 / 26,XU / 1	N1	\$58.98 (B6)	\$1,310.00	CO-45	\$1,251.02	\$58.98
243141415773556009	06/26/2023 - 06/26/2023	27162250889117A0341487072245			HC:95868 / 26,XU / 1		\$58.98 (B6)	\$1,310.00	PR-45	\$1,251.02	\$58.98
243141415773556010	06/26/2023 - 06/26/2023	27162250889117A0341487072245			HC:95999 / / 2			\$3,600.00	CO-4	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1.38 (I)

Patient Name: DAVIS, LORRIE A	Claim Number: 20232448037286	Claim Date: 07/10/2023-07/10/2023	Claim Status Code: 1
Patient ID: 380704447	Group / Policy:	Facility Type: 22	Claim Charge: \$21,128.00
Patient Ctrl Nmbr: 0.3065713	Contract Hdr:	Claim Frequency:	Claim Payment: \$638.72
Rendering Prvd: ,	Rendering Prv ID: 27162250889117A001	Claim Received Date: 09/01/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 10
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
243141415856556001	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95939 / 26 / 1	N1	\$112.53 (B6)	\$3,814.00	CO-45	\$3,701.47	\$112.53
243141415856556002	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95822 / 26 / 1	N1	\$54.09 (B6)	\$1,755.00	CO-45	\$1,700.91	\$54.09
243141415856556003	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95938 / 26 / 1	N1	\$43.06 (B6)	\$3,107.00	CO-45	\$3,063.94	\$43.06
243141415856556004	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95861 / 26 / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28

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Line Details										Results: 10	
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
243141415856556005	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95861 / 26,XU / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28
243141415856556006	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95865 / 26 / 1	N1	\$78.26 (B6)	\$1,502.00	CO-45	\$1,423.74	\$78.26
243141415856556007	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95865 / 26,XU / 1	N1	\$78.26 (B6)	\$1,502.00	CO-45	\$1,423.74	\$78.26
243141415856556008	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95868 / 26,XU / 1	N1	\$58.98 (B6)	\$1,310.00	CO-45	\$1,251.02	\$58.98
243141415856556009	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95868 / 26,XU / 1		\$58.98 (B6)	\$1,310.00	PR-45	\$1,251.02	\$58.98
243141415856556010	07/10/2023 - 07/10/2023	27162250889117A0341487072245			HC:95999 // 2			\$3,600.00	CO-4	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1.38 (I)

Code Descriptions

REMARK CODE(S):

L6=Interest Owed

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

AMT CODE(S):

B6=Allowed - Actual

I=Interest

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

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)

Payer: TRICARE EAST	Check/EFT Trace Number: 2229372922	Check/EFT Date: 10/20/2023	Total Paid: \$1,280.20
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CLAIM ADJUSTMENT REASON CODE(S):

4=The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary