

**Check Summary****Transaction Date:** October 10, 2023

HUMANA INC.	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
P.O. BOX 14601	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	DEPT 880256
LEXINGTON, KY 405124601	<b>Check/EFT Trace Number:</b>	117585691231011		PO BOX 29650
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	<b>Payment Amount:</b>	267.73		PHOENIX, AZ 850389650
	<b>Check/EFT Date:</b>	10/10/2023		
	<b>Production End Cycle Date:</b>	10/10/2023		

**Provider Adjustments**

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	SUM OF INTEREST OWED	\$0.04

**Patient Name:** MARICLE, EARLENE**Claim Number:** 820232551761784**Claim Date:** 10/20/2022-10/20/2022 **Claim Status Code:** 1**Patient ID:** H66482192**Group / Policy:** 0Y950701**Facility Type:** 11**Claim Charge:** \$13,490.02**Patient Ctrl Nmbr:** 0.2756702**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$267.69**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 09/12/2023**Patient Resp:** \$0.01**Original Ref Nmbr:****Line Details** **Results: 7**

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
	10/20/2022 - 10/20/2022				HC:95999 // 2			\$0.01	CO-222	\$0.01	\$0.00
	10/20/2022 - 10/20/2022				HC:95999 // 1	N362		\$0.01	PR-272	\$0.01	\$0.00
7275022880Z5	10/20/2022 - 10/20/2022				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00
7275022880Z1	10/20/2022 - 10/20/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	CO-253 CO-45	\$1.17 \$1,696.41	\$57.42
7275022880Z2	10/20/2022 - 10/20/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7275022880Z3	10/20/2022 - 10/20/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 117585691231011	<b>Check/EFT Date:</b> 10/10/2023	<b>Total Paid:</b> \$267.73
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Line Details											Results: 7
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
7275022880Z4	10/20/2022 - 10/20/2022				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):

L6=Interest Owed

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

##### AMT CODE(S):

B6=Allowed - Actual

I=Interest

##### GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

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

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.

272=Coverage/program guidelines were not met.

253=Sequestration - reduction in federal payment

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