

Check Summary
Transaction Date: October 26, 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: 118824886231027 Payment Amount: 349.66 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/26/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: RODRIGUEZ, NORMA

Claim Number: 820232840023425

Claim Date: 01/11/2023-01/11/2023 **Claim Status Code:** 1

Patient ID: H66702058	Group / Policy: 0X300901	Facility Type: 11	Claim Charge: \$31,705.00
Patient Ctrl Nmbr: 0.2857589	Contract Hdr: MEDICARE ADVANTAGE HMO	Claim Frequency: 1	Claim Payment: \$349.66
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
	01/11/2023 - 01/11/2023				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00
	01/11/2023 - 01/11/2023				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7389596310Z6	01/11/2023 - 01/11/2023				HC:95999 // 4			\$7,200.00	CO-222	\$7,200.00	\$0.00
7389596310Z1	01/11/2023 - 01/11/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7389596310Z2	01/11/2023 - 01/11/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61
7389596310Z3	01/11/2023 - 01/11/2023				HC:95909 / 26 / 1		\$78.48 (B6)	\$555.00	CO-253 CO-45	\$1.57 \$476.52	\$76.91
7389596310Z4	01/11/2023 - 01/11/2023				HC:95886 / 26 / 2		\$90.40 (B6)	\$5,944.00	CO-253 CO-45	\$1.81 \$5,853.60	\$88.59
7389596310Z5	01/11/2023 - 01/11/2023				HC:95886 / 26,XU / 2		\$90.40 (B6)	\$5,944.00	CO-253 CO-45	\$1.81 \$5,853.60	\$88.59

Payer: HUMANA INC.	Check/EFT Trace Number: 118824886231027	Check/EFT Date: 10/26/2023	Total Paid: \$349.66
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Code Descriptions

REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

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.

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

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