

Check Summary**Transaction Date:** October 16, 2023

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	Payee Tax ID:	271622508	Payee Name:	MONITORING ASSOCIATES
	Payee ID:	1174916522	Payee Address:	9811 W CHARLESTON BLVD STE 2 641
	Check/EFT Trace Number:	9972074137		LAS VEGAS, NV 89117
	Payment Amount:	11.52		
	Check/EFT Date:	10/16/2023		
	Production End Cycle Date:	10/11/2023		

Patient Name: TAYLOR, MARGIE P**Claim Number:** 377600176631**Claim Date:** 01/23/2023-01/23/2023 **Claim Status Code:** 2

Patient ID: 06839642712	Group / Policy:	Facility Type: 21	Claim Charge:	\$14,310.00
Patient Ctrl Nmbr: 0.2868978	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$11.52
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp:	\$12,555.00
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
241140111033556001	01/23/2023 - 01/23/2023				HC:95822 / 26 / 0		\$57.60 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
241140111033556002	01/23/2023 - 01/23/2023				HC:95938 / 26 / 0			\$3,107.00	PR-204	\$3,107.00	\$0.00
241140111033556003	01/23/2023 - 01/23/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
241140111033556004	01/23/2023 - 01/23/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
241140111033556005	01/23/2023 - 01/23/2023				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
241140111033556006	01/23/2023 - 01/23/2023				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
241140111033556007	01/23/2023 - 01/23/2023				HC:95999 / / 0			\$3,600.00	PR-204	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$57.60 (AU)

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9972074137	Check/EFT Date: 10/16/2023	Total Paid: \$11.52
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Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments
PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
204=This service/equipment/drug is not covered under the patient's current benefit plan

CLAIM STATUS CODE(S):

2=Processed as Secondary