

## Check Summary

Transaction Date: October 21, 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>	118444493231022		PO BOX 29650
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948	<b>Payment Amount:</b>	616.59		PHOENIX, AZ 850389650
	<b>Check/EFT Date:</b>	10/21/2023		
	<b>Production End Cycle Date:</b>	10/21/2023		

## Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	SUM OF INTEREST OWED	\$0.14
L6	SUM OF INTEREST OWED	\$0.63

Patient Name: DOMINADOR, BALLESTEROS Claim Number: 820232570692596

Claim Date: 11/01/2022-11/01/2022 Claim Status Code: 1

<b>Patient ID:</b> H08356792	<b>Group / Policy:</b> 00A17901	<b>Facility Type:</b> 11	<b>Claim Charge:</b>	\$12,062.00
<b>Patient Ctrl Nbr:</b> 0.2770924	<b>Contract Hdr:</b> MEDICARE ADVANTAGE HMO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$103.15
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/14/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nbr:</b>				

## Line Details Results: 5

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
	11/01/2022 - 11/01/2022				HC:95999 // 1			\$1,800.00	CO-222	\$1,800.00	\$0.00
	11/01/2022 - 11/01/2022				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7283807848Z1	11/01/2022 - 11/01/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	CO-253 CO-45	\$1.17 \$1,696.41	\$57.42
7283807848Z2	11/01/2022 - 11/01/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7283807848Z3	11/01/2022 - 11/01/2022				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.14 (I)

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 118444493231022	<b>Check/EFT Date:</b> 10/21/2023	<b>Total Paid:</b> \$616.59
---------------------------	--	-----------------------------------	-----------------------------

<b>Patient Name:</b> PATEL, JYOTIKA	<b>Claim Number:</b> 820232580544093	<b>Claim Date:</b> 11/07/2022-11/07/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> H41639750	<b>Group / Policy:</b> 00A17902	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$20,324.00
<b>Patient Ctrl Nmbr:</b> 0.2777125	<b>Contract Hdr:</b> MEDICARE ADVANTAGE HMO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$512.67
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/15/2023	<b>Patient Resp:</b> \$1,800.00
<b>Original Ref Nmbr:</b>			

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
	11/07/2022 - 11/07/2022				HC:95999 / / 1			\$1,800.00	CO-222	\$1,800.00	\$0.00
	11/07/2022 - 11/07/2022				HC:95999 / / 1	MA07		\$1,800.00	PR-272	\$1,800.00	\$0.00
7288994520Z1	11/07/2022 - 11/07/2022				HC:95939 / 26 / 1		\$121.69 (B6)	\$3,814.00	CO-253 CO-45	\$2.43 \$3,692.31	\$119.26
7288994520Z2	11/07/2022 - 11/07/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$3,814.00	CO-253 CO-131	\$1.17 \$3,755.41	\$57.42
7288994520Z3	11/07/2022 - 11/07/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7288994520Z4	11/07/2022 - 11/07/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,755.00	CO-253 CO-45	\$1.68 \$1,671.05	\$82.27
7288994520Z5	11/07/2022 - 11/07/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7288994520Z6	11/07/2022 - 11/07/2022				HC:95868 / 26 / 1		\$64.14 (B6)	\$1,310.00	CO-253 CO-45	\$1.28 \$1,245.86	\$62.86
7288994520Z7	11/07/2022 - 11/07/2022				HC:95868 / 26,XU / 1		\$64.14 (B6)	\$1,310.00	CO-253 CO-45	\$1.28 \$1,245.86	\$62.86

Supplemental Information - AMT/Payer Codes: \$0.63 (I)

#### Code Descriptions

#### REMARK CODE(S):

L6=Interest Owed

MA07=Alert: The claim information has also been forwarded to Medicaid for review.

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 118444493231022	<b>Check/EFT Date:</b> 10/21/2023	<b>Total Paid:</b> \$616.59
---------------------------	--	-----------------------------------	-----------------------------

**REMARK CODE(S):**

N19=Procedure code incidental to primary procedure.

**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.

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)

272=Coverage/program guidelines were not met.

131=Claim specific negotiated discount.

**CLAIM STATUS CODE(S):**

1=Processed as Primary