

Check Summary**Transaction Date:** October 15, 2023

HUMANA INC.	Payee Tax ID:	271622508	Payee Name:	MONITORING ASSOCIATES
P.O. BOX 14601	Payee ID:	1174916522	Payee Address:	DEPT 880256
LEXINGTON, KY 405124601	Check/EFT Trace Number:	117974135231016		PO BOX 29650
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payment Amount:	603.79		PHOENIX, AZ 850389650
	Check/EFT Date:	10/15/2023		
	Production End Cycle Date:	10/15/2023		

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	SUM OF INTEREST OWED	\$0.09

Patient Name: GAUTHIER, KIMBERLY**Claim Number:** 820232580619695**Claim Date:** 11/07/2022-11/07/2022 **Claim Status Code:** 1**Patient ID:** H76206324**Group / Policy:** 02A35401**Facility Type:** 13**Claim Charge:** \$13,490.00**Patient Ctrl Nmbr:** 0.2777847**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$214.15**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 09/15/2023**Patient Resp:** \$54.63**Original Ref Nmbr:****Line Details** **Results: 5**

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
7289103791Z5	11/07/2022 - 11/07/2022				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00
7289103791Z1	11/07/2022 - 11/07/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	PR-2 CO-253 CO-45	\$11.72 \$0.94 \$1,696.41	\$45.93
7289103791Z2	11/07/2022 - 11/07/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$9.33 \$0.75 \$3,060.34	\$36.58
7289103791Z3	11/07/2022 - 11/07/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	PR-2 CO-253 CO-45	\$16.79 \$1.34 \$1,530.05	\$65.82

Payer: HUMANA INC.	Check/EFT Trace Number: 117974135231016	Check/EFT Date: 10/15/2023	Total Paid: \$603.79
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Line Details											Results: 5
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
7289103791Z4	11/07/2022 - 11/07/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	PR-2 CO-253 CO-45	\$16.79 \$1.34 \$1,530.05	\$65.82

Supplemental Information - AMT/Payer Codes: \$0.09 (I)

Patient Name: PRAITHER, JOSEPH	Claim Number: 820232790163441	Claim Date: 12/19/2022-12/19/2022	Claim Status Code: 1
Patient ID: H60066762	Group / Policy: 02A49201	Facility Type: 22	Claim Charge: \$14,310.00
Patient Ctrl Nmbr: 0.2832614	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$389.55
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/05/2023	Patient Resp: \$0.00
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
7375588707Z1	12/19/2022 - 12/19/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7375588707Z2	12/19/2022 - 12/19/2022				HC:95955 / 26 / 1		\$54.65 (B6)	\$1,755.00	CO-253 CO-45	\$1.09 \$1,700.35	\$53.56
7375588707Z3	12/19/2022 - 12/19/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7375588707Z4	12/19/2022 - 12/19/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7375588707Z5	12/19/2022 - 12/19/2022				HC:95868 / 26 / 1		\$64.14 (B6)	\$1,310.00	CO-253 CO-45	\$1.28 \$1,245.86	\$62.86
7375588707Z6	12/19/2022 - 12/19/2022				HC:95868 / 26,XU / 1		\$64.14 (B6)	\$1,310.00	CO-253 CO-45	\$1.28 \$1,245.86	\$62.86
7375588707Z7	12/19/2022 - 12/19/2022				HC:95999 // 2	N19		\$3,600.00	CO-97	\$3,600.00	\$0.00

Code Descriptions

Payer: HUMANA INC.	Check/EFT Trace Number: 117974135231016	Check/EFT Date: 10/15/2023	Total Paid: \$603.79
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REMARK CODE(S):

L6=Interest Owed

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):

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.

2=Coinsurance Amount

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