

Check Summary**Transaction Date:** October 13, 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:	9971338763		LAS VEGAS, NV 89117
	Payment Amount:	79.67		
	Check/EFT Date:	10/13/2023		
	Production End Cycle Date:	10/10/2023		

Patient Name: RIEDE, RICHARD**Claim Number:** 273008697931**Claim Date:** 04/25/2022-04/25/2022 **Claim Status Code:** 22**Patient ID:** 07445569912**Group / Policy:****Facility Type:** 21**Claim Charge:** \$-10,836.00**Patient Ctrl Nmbr:** 0.2546822**Contract Hdr:****Claim Frequency:** 1**Claim Payment:** \$-42.80**Rendering Prvd:** HSU,**Rendering Prv ID:****Claim Received Date:** 09/25/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details** **Results:** 6

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
188906137571556002	04/25/2022 - 04/25/2022				HC:95938 / 26 / 0			\$-3,107.00	OA-23	\$-3,097.67	\$-9.33
188906137571556003	04/25/2022 - 04/25/2022				HC:95929 / 26 / 0			\$-2,459.00	OA-23	\$-2,442.72	\$-16.28
188906137571556004	04/25/2022 - 04/25/2022				HC:95822 / 26,XU / 0			\$-1,755.00	OA-23	\$-1,743.28	\$-11.72
188906137571556005	04/25/2022 - 04/25/2022				HC:95861 / 26,59 / 0			\$-1,614.00	PR-204	\$-1,614.00	\$0.00
188906137571556006	04/25/2022 - 04/25/2022				HC:95861 / 26,XU / 0			\$-1,614.00	PR-204	\$-1,614.00	\$0.00
188906137571556007	04/25/2022 - 04/25/2022				HC:95927 / 26,59 / 0			\$-287.00	OA-23	\$-281.53	\$-5.47

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9971338763	Check/EFT Date: 10/13/2023	Total Paid: \$79.67
---	---	-----------------------------------	----------------------------

Patient Name: RIEDE, RICHARD	Claim Number: 376809235271	Claim Date: 04/25/2022-04/25/2022	Claim Status Code: 2
Patient ID: 07445569912	Group / Policy:	Facility Type: 21	Claim Charge: \$18,036.00
Patient Ctrl Nmbr: 2284858	Contract Hdr:	Claim Frequency:	Claim Payment: \$122.47
Rendering Prvd: HSU,	Rendering Prv ID:	Claim Received Date: 09/25/2023	Patient Resp: \$7,608.00
Original Ref Nmbr: 273008697931			

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
000001	04/25/2022 - 04/25/2022				HC:95999 / / 0		\$444.44 (B6)	\$7,200.00	OA-23 PI-94	\$7,112.10 \$-0.99	\$88.89
000002	04/25/2022 - 04/25/2022				HC:95938 / 26 / 0			\$3,107.00	PR-204	\$3,107.00	\$0.00
000003	04/25/2022 - 04/25/2022				HC:95929 / 26 / 0			\$2,459.00	PR-204	\$2,459.00	\$0.00
000004	04/25/2022 - 04/25/2022				HC:95822 / 26,XU / 0			\$1,755.00	PR-204	\$1,755.00	\$0.00
000005	04/25/2022 - 04/25/2022				HC:95861 / 26,59 / 0		\$83.95 (B6)	\$1,614.00	OA-23 PI-94	\$1,597.40 \$-0.19	\$16.79
000006	04/25/2022 - 04/25/2022				HC:95861 / 26,XU / 0		\$83.95 (B6)	\$1,614.00	OA-23 PI-94	\$1,597.40 \$-0.19	\$16.79
000007	04/25/2022 - 04/25/2022				HC:95927 / 26,59 / 0			\$287.00	PR-204	\$287.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$612.34 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments
PR=Patient Responsibility
PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9971338763	Check/EFT Date: 10/13/2023	Total Paid: \$79.67
---	---	-----------------------------------	----------------------------

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

94=Processed in Excess of charges.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

2=Processed as Secondary