

Check Summary**Transaction Date:** October 13, 2023

UNITEDHEALTHCARE MISSISSIPPI PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1407187701 Check/EFT Trace Number: 23284B1000768641 Payment Amount: 1,813.74 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/09/2023	Payee Name: MONITORING ASSOCIATES Payee Address: 9811 W CHARLESTON BLVD STE 2 641 LAS VEGAS, NV 89117
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Patient Name: FRANKS, DENNIS W**Claim Number:** 23O148491700**Claim Date:** 11/30/2022-11/30/2022 **Claim Status Code:** 1

Patient ID: 120164695 Patient Ctrl Nmbr: 0.2806207 Rendering Prvd: , Original Ref Nmbr:	Group / Policy: Contract Hdr: MS UNITEDHEALTHCARE DUAL COMPLETE Rendering Prv ID:	Facility Type: 21 Claim Frequency: 1 Claim Received Date: 09/30/2023	Claim Charge: \$21,724.00 Claim Payment: \$1,813.74 Patient Resp: \$0.00
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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
7354005264Z1	11/30/2022 - 11/30/2022				HC:95939 / 26 / 1	N115		\$3,814.00	CO-50	\$3,814.00	\$0.00
7354005264Z2	11/30/2022 - 11/30/2022				HC:95938 / 26 / 1	N115		\$3,107.00	CO-50	\$3,107.00	\$0.00
7354005264Z3	11/30/2022 - 11/30/2022				HC:95955 / 26 / 1		\$50.76 (B6)	\$1,755.00	CO-253 CO-45	\$1.02 \$1,704.24	\$49.74
7354005264Z4	11/30/2022 - 11/30/2022				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7354005264Z5	11/30/2022 - 11/30/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7354005264Z6	11/30/2022 - 11/30/2022				HC:95868 / 26 / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7354005264Z7	11/30/2022 - 11/30/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7354005264Z8	11/30/2022 - 11/30/2022				HC:95999 / / 4		\$1,800.00 (B6)	\$7,200.00	CO-253 CO-45	\$36.00 \$5,400.00	\$1,764.00

Payer: UNITEDHEALTHCARE	Check/EFT Trace Number: 23284B1000768641	Check/EFT Date: 10/13/2023	Total Paid: \$1,813.74
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Supplemental Information - AMT/Payer Codes: \$1,850.76 (AU)

Medicare Outpatient Adjudication Information:Remark Codes - N115

Code Descriptions

REMARK CODE(S):

N115=This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

50=These are non-covered services because this is not deemed a 'medical necessity' by the payer. 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)

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

CLAIM STATUS CODE(S):

1=Processed as Primary