

Check Summary**Transaction Date:** October 20, 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:	9974561169		LAS VEGAS, NV 89117
	Payment Amount:	82.37		
	Check/EFT Date:	10/20/2023		
	Production End Cycle Date:	10/17/2023		

Patient Name: ENCE, GARRY**Claim Number:** 376608698801**Claim Date:** 01/11/2023-01/11/2023 **Claim Status Code:** 2

Patient ID: 03258524021	Group / Policy:	Facility Type: 22	Claim Charge:	\$13,490.00
Patient Ctrl Nmbr: 0.2856093	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$20.25
Rendering Prvd: MCAULIFFE,	Rendering Prv ID:	Claim Received Date: 09/23/2023	Patient Resp:	\$8,628.00
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
229133658837556001	01/11/2023 - 01/11/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
229133658837556002	01/11/2023 - 01/11/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
229133658837556003	01/11/2023 - 01/11/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658837556004	01/11/2023 - 01/11/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658837556005	01/11/2023 - 01/11/2023				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$101.25 (AU)

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974561169	Check/EFT Date: 10/20/2023	Total Paid: \$82.37
---	---	-----------------------------------	----------------------------

Patient Name: GOROV, CLIFFORD M	Claim Number: 377100175251	Claim Date: 01/09/2023-01/09/2023	Claim Status Code: 2
Patient ID: 07458394411	Group / Policy:	Facility Type: 21	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2852715	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$20.69
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$8,628.00
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
251145737985556001	01/09/2023 - 01/09/2023				HC:95822 / 26 / 0		\$57.60 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
251145737985556002	01/09/2023 - 01/09/2023				HC:95938 / 26 / 0		\$45.84 (B6)	\$3,107.00	OA-23	\$3,097.83	\$9.17
251145737985556003	01/09/2023 - 01/09/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
251145737985556004	01/09/2023 - 01/09/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
251145737985556005	01/09/2023 - 01/09/2023				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$103.44 (AU)

Patient Name: WILLIAMS JR, REX	Claim Number: 376608698791	Claim Date: 12/12/2022-12/12/2022	Claim Status Code: 2
Patient ID: 30723269011	Group / Policy:	Facility Type: 22	Claim Charge: \$11,690.00
Patient Ctrl Nmbr: 0.2822112	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$21.05
Rendering Prvd: BURNS,	Rendering Prv ID:	Claim Received Date: 09/23/2023	Patient Resp: \$6,828.00
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
213124264722556001	12/12/2022 - 12/12/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974561169	Check/EFT Date: 10/20/2023	Total Paid: \$82.37
---	---	-----------------------------------	----------------------------

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
213124264722556002	12/12/2022 - 12/12/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
213124264722556003	12/12/2022 - 12/12/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
213124264722556004	12/12/2022 - 12/12/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
213124264722556005	12/12/2022 - 12/12/2022				HC:95999 // 0			\$3,600.00	PR-204	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$105.25 (AU)

Patient Name: WILSON, GWENDOLYN	Claim Number: 376610173771	Claim Date: 01/04/2023-01/04/2023	Claim Status Code: 2
Patient ID: 34321666211	Group / Policy:	Facility Type: 21	Claim Charge: \$10,699.00
Patient Ctrl Nmbr: 0.2847438	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$20.38
Rendering Prvd: DEJESUS,	Rendering Prv ID:	Claim Received Date: 09/23/2023	Patient Resp: \$5,837.00
Original Ref Nmbr:			

Line Details **Results: 4**

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
223130374685556001	01/04/2023 - 01/04/2023				HC:95822 / 26 / 0		\$56.79 (B6)	\$1,755.00	OA-23	\$1,743.64	\$11.36
223130374685556002	01/04/2023 - 01/04/2023				HC:95938 / 26 / 0		\$45.08 (B6)	\$3,107.00	OA-23	\$3,097.98	\$9.02
223130374685556003	01/04/2023 - 01/04/2023				HC:95908 / 26 / 0			\$437.00	PR-204	\$437.00	\$0.00
223130374685556004	01/04/2023 - 01/04/2023				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$101.87 (AU)

Code Descriptions

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974561169	Check/EFT Date: 10/20/2023	Total Paid: \$82.37
---	---	-----------------------------------	----------------------------

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