

Check Summary
Transaction Date: October 14, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: NO-PAY-202310140005878 Payment Amount: 0.00 Check/EFT Date: 10/14/2023 Production End Cycle Date: 10/14/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: WASHINGTON, EMELDIA

Claim Number: 820232720510687

Claim Date: 11/23/2022-11/23/2022 **Claim Status Code:** 1

Patient ID: H69228206

Group / Policy: 0X166301

Facility Type: 11

Claim Charge: \$31,902.00

Patient Ctrl Nmbr: 0.2801095

Contract Hdr: MEDICARE ADVANTAGE PPO

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: FILE, SIGNATURE ON

Rendering Prv ID:
Claim Received Date: 09/29/2023

Patient Resp: \$457.63

Original Ref Nmbr:
Line Details **Results:** 10

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
	11/23/2022 - 11/23/2022				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00
	11/23/2022 - 11/23/2022				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7353297796Z1	11/23/2022 - 11/23/2022				HC:95939 / 26 / 1		\$121.69 (B6)	\$3,814.00	PR-1 CO-45	\$121.69 \$3,692.31	\$0.00
7353297796Z2	11/23/2022 - 11/23/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	PR-1 CO-45	\$46.66 \$3,060.34	\$0.00
7353297796Z3	11/23/2022 - 11/23/2022				HC:95955 / 26,XU / 1		\$54.65 (B6)	\$1,755.00	PR-1 CO-45	\$54.65 \$1,700.35	\$0.00
7353297796Z4	11/23/2022 - 11/23/2022				HC:51785 / 26 / 1		\$100.45 (B6)	\$2,799.00	PR-1 CO-45	\$100.45 \$2,698.55	\$0.00
7353297796Z5	11/23/2022 - 11/23/2022				HC:51785 / 26,XU / 1		\$50.23 (B6)	\$2,799.00	PR-1 CO-45	\$50.23 \$2,748.77	\$0.00
7353297796Z6	11/23/2022 - 11/23/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	PR-1 CO-45	\$83.95 \$1,530.05	\$0.00

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-202310140005878	Check/EFT Date: 10/14/2023	Total Paid: \$0.00
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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
7353297796Z7	11/23/2022 - 11/23/2022				HC:95861 / 26,XU / 1	N362		\$1,614.00	CO-273	\$1,614.00	\$0.00
7353297796Z8	11/23/2022 - 11/23/2022				HC:95999 // 4			\$7,200.00	CO-222	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

AMT CODE(S):

B6=Allowed - Actual

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.

1=Deductible Amount

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)

273=Coverage/program guidelines were exceeded.

CLAIM STATUS CODE(S):

1=Processed as Primary