

Check Summary

Transaction Date: October 12, 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: 117731532231013 Payment Amount: 1,201.48 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/12/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	SUM OF INTEREST OWED	\$0.13
L6	SUM OF INTEREST OWED	\$0.21
L6	SUM OF INTEREST OWED	\$0.07

Patient Name: DANIELSON COLEMAN,
CATHERINE

Claim Number: 820232572132431

Claim Date: 04/17/2023-04/17/2023 Claim Status Code: 1

Patient ID: H59334663

Group / Policy: 0Y937901

Facility Type: 11

Claim Charge: \$24,237.00

Patient Ctrl Nmbr: 0.2969020

Contract Hdr: MEDICARE ADVANTAGE PPO

Claim Frequency: 1

Claim Payment: \$492.48

Rendering Prvd: FILE, SIGNATURE ON

Rendering Prv ID:

Claim Received Date: 09/14/2023

Patient Resp: \$0.00

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
	04/17/2023 - 04/17/2023				HC:95999 // 2			\$0.01	CO-222	\$0.01	\$0.00
	04/17/2023 - 04/17/2023				HC:95999 // 1	N19		\$0.01	CO-97	\$0.01	\$0.00
7284628140Z1	04/17/2023 - 04/17/2023				HC:95939 / 26 / 1	N781 N782	\$117.24 (B6)	\$7,500.00	CO-253 CO-45	\$2.34 \$7,382.76	\$114.90
7284628140Z2	04/17/2023 - 04/17/2023				HC:95822 / 26 / 1	N781 N782	\$56.39 (B6)	\$2,435.98	CO-253 CO-45	\$1.13 \$2,379.59	\$55.26
7284628140Z3	04/17/2023 - 04/17/2023				HC:95938 / 26 / 1	N781 N782	\$44.86 (B6)	\$2,943.00	CO-253 CO-45	\$0.90 \$2,898.14	\$43.96

Payer: HUMANA INC.	Check/EFT Trace Number: 117731532231013	Check/EFT Date: 10/12/2023	Total Paid: \$1,201.48
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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
7284628140Z4	04/17/2023 - 04/17/2023				HC:95861 / 26 / 1	N781 N782	\$80.55 (B6)	\$1,200.00	CO-253 CO-45	\$1.61 \$1,119.45	\$78.94
7284628140Z5	04/17/2023 - 04/17/2023				HC:95861 / 26,XU / 1	N781 N782	\$80.55 (B6)	\$1,200.00	CO-253 CO-45	\$1.61 \$1,119.45	\$78.94
7284628140Z6	04/17/2023 - 04/17/2023				HC:95868 / 26 / 1	N781 N782	\$61.47 (B6)	\$1,779.00	CO-253 CO-45	\$1.23 \$1,717.53	\$60.24
7284628140Z7	04/17/2023 - 04/17/2023				HC:95868 / 26,XU / 1	N781 N782	\$61.47 (B6)	\$1,779.00	CO-253 CO-45	\$1.23 \$1,717.53	\$60.24
7284628140Z8	04/17/2023 - 04/17/2023				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.13 (I)

Patient Name: HARRIS, JAMES	Claim Number: 820232750369403	Claim Date: 12/06/2022-12/06/2022	Claim Status Code: 1
Patient ID: H53999303	Group / Policy: 0Y001101	Facility Type: 21	Claim Charge: \$6,828.00
Patient Ctrl Nmbr: 0.2814673	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$164.54
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 3
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
7360795392Z3	12/06/2022 - 12/06/2022				HC:95999 // 2	N19		\$3,600.00	CO-97	\$3,600.00	\$0.00
7360795392Z1	12/06/2022 - 12/06/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7360795392Z2	12/06/2022 - 12/06/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

Payer: HUMANA INC.	Check/EFT Trace Number: 117731532231013	Check/EFT Date: 10/12/2023	Total Paid: \$1,201.48
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Patient Name: IWANKOVITSCH, JANET	Claim Number: 820232551755117	Claim Date: 10/24/2022-10/24/2022	Claim Status Code: 1
Patient ID: H62421465	Group / Policy: 0Y661501	Facility Type: 13	Claim Charge: \$16,110.02
Patient Ctrl Nmbr: 0.2759026	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$393.41
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 09/12/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 9
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
	10/24/2022 - 10/24/2022				HC:95999 // 2	N19		\$0.01	CO-97	\$0.01	\$0.00
	10/24/2022 - 10/24/2022				HC:95999 // 1	N19		\$0.01	CO-97	\$0.01	\$0.00
7275518800Z1	10/24/2022 - 10/24/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	CO-253 CO-45	\$1.17 \$1,696.41	\$57.42
7275518800Z2	10/24/2022 - 10/24/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7275518800Z3	10/24/2022 - 10/24/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7275518800Z4	10/24/2022 - 10/24/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7275518800Z5	10/24/2022 - 10/24/2022				HC:95868 / 26 / 1		\$64.14 (B6)	\$1,310.00	CO-253 CO-45	\$1.28 \$1,245.86	\$62.86
7275518800Z6	10/24/2022 - 10/24/2022				HC:95868 / 26,XU / 1		\$64.14 (B6)	\$1,310.00	CO-253 CO-45	\$1.28 \$1,245.86	\$62.86
7275518800Z7	10/24/2022 - 10/24/2022				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.21 (I)

Patient Name: STRAWN, BILLIE	Claim Number: 820232540334963	Claim Date: 09/21/2022-09/21/2022	Claim Status Code: 1
Patient ID: H62415346	Group / Policy: 0Y661501	Facility Type: 13	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2720072	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$103.15
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 09/11/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: HUMANA INC.	Check/EFT Trace Number: 117731532231013	Check/EFT Date: 10/12/2023	Total Paid: \$1,201.48
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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
7268716634Z1	09/21/2022 - 09/21/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	CO-253 CO-45	\$1.17 \$1,696.41	\$57.42
7268716634Z2	09/21/2022 - 09/21/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7268716634Z3	09/21/2022 - 09/21/2022				HC:95861 / 26 / 1			\$1,614.00	CO-B15	\$1,614.00	\$0.00
7268716634Z4	09/21/2022 - 09/21/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-B15	\$1,614.00	\$0.00
7268716634Z5	09/21/2022 - 09/21/2022				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.07 (I)

Patient Name: WILLIAMS, EUSTICE	Claim Number: 820232830010099	Claim Date: 02/02/2023-02/02/2023	Claim Status Code: 2
Patient ID: H78044858 00	Group / Policy: 0R537302	Facility Type: 21	Claim Charge: \$14,524.00
Patient Ctrl Nmbr: 0.2881235	Contract Hdr: MEDICARE SUPPLEMENT	Claim Frequency: 1	Claim Payment: \$47.49
Rendering Prvd: MOCHIZUKI, KEVIN	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 13
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
261150841932556003	02/02/2023 - 02/02/2023				HC:95938 / 26 / 1		\$9.74 (B6)	\$9.74			\$9.74
	02/02/2023 - 02/02/2023				HC:95938 / 26 / 1			\$3,059.07	CO-45	\$3,059.07	\$0.00
	02/02/2023 - 02/02/2023				HC:95938 / 26 / 1			\$38.19	OA-23	\$38.19	\$0.00
261150841932556002	02/02/2023 - 02/02/2023				HC:95822 / 26 / 1		\$12.28 (B6)	\$12.28			\$12.28

Payer: HUMANA INC.	Check/EFT Trace Number: 117731532231013	Check/EFT Date: 10/12/2023	Total Paid: \$1,201.48
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Line Details											Results: 13
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
	02/02/2023 - 02/02/2023				HC:95822 / 26 / 1			\$1,694.60	CO-45	\$1,694.60	\$0.00
	02/02/2023 - 02/02/2023				HC:95822 / 26 / 1			\$48.12	OA-23	\$48.12	\$0.00
261150841932556001	02/02/2023 - 02/02/2023				HC:95939 / 26 / 1		\$25.47 (B6)	\$25.47			\$25.47
	02/02/2023 - 02/02/2023				HC:95939 / 26 / 1			\$3,688.69	CO-45	\$3,688.69	\$0.00
	02/02/2023 - 02/02/2023				HC:95939 / 26 / 1			\$99.84	OA-23	\$99.84	\$0.00
261150841932556004	02/02/2023 - 02/02/2023				HC:95861 / 26 / 1			\$1,614.00	CO-45	\$1,614.00	\$0.00
261150841932556005	02/02/2023 - 02/02/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-45	\$1,614.00	\$0.00
261150841932556006	02/02/2023 - 02/02/2023				HC:95868 / 26 / 1			\$1,310.00	CO-45	\$1,310.00	\$0.00
261150841932556007	02/02/2023 - 02/02/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-45	\$1,310.00	\$0.00

Code Descriptions

REMARK CODE(S):

L6=Interest Owed

N19=Procedure code incidental to primary procedure.

N781=Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible. This amount may be billed to a subsequent payer.

N782=Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.

AMT CODE(S):

B6=Allowed - Actual

I=Interest

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GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

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.

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)

B15=This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

CLAIM STATUS CODE(S):

1=Processed as Primary

2=Processed as Secondary