

Check Summary**Transaction Date:** October 12, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23281B1000033822 Payment Amount: 0.00 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/06/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
--	--	--

Patient Name: DELUCA, PETER C**Claim Number:** 23O361455000**Claim Date:** 12/06/2022-12/06/2022 **Claim Status Code:** 1

Patient ID: 9110343206	Group / Policy:	Facility Type: 22	Claim Charge: \$18,124.00
Patient Ctrl Nmbr: 0.2814779	Contract Hdr: AZ MEDICAID -COPAY LEVEL	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	00	Claim Received Date: 10/03/2023	Patient Resp: \$0.00
Original Ref Nmbr:	Rendering Prv ID:		

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
7360990108Z1	12/06/2022 - 12/06/2022				HC:95939 / 26 / 1			\$3,814.00	PI-29	\$3,814.00	\$0.00
7360990108Z2	12/06/2022 - 12/06/2022				HC:95938 / 26 / 1			\$3,107.00	PI-29	\$3,107.00	\$0.00
7360990108Z3	12/06/2022 - 12/06/2022				HC:95955 / 26 / 1			\$1,755.00	PI-29	\$1,755.00	\$0.00
7360990108Z4	12/06/2022 - 12/06/2022				HC:95861 / 26 / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7360990108Z5	12/06/2022 - 12/06/2022				HC:95861 / 26,XU / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7360990108Z6	12/06/2022 - 12/06/2022				HC:95868 / 26 / 1			\$1,310.00	PI-29	\$1,310.00	\$0.00
7360990108Z7	12/06/2022 - 12/06/2022				HC:95868 / 26,XU / 1			\$1,310.00	PI-29	\$1,310.00	\$0.00
7360990108Z8	12/06/2022 - 12/06/2022				HC:95999 // 2			\$3,600.00	PI-29	\$3,600.00	\$0.00

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23281B1000033822	Check/EFT Date: 10/12/2023	Total Paid: \$0.00
--	---	-----------------------------------	---------------------------

Patient Name: SAHLTIEL, DAVID	Claim Number: 23O034510200	Claim Date: 11/08/2022-11/08/2022	Claim Status Code: 1
Patient ID: A17870498	Group / Policy:	Facility Type: 21	Claim Charge: \$21,436.00
Patient Ctrl Nmbr: 0.2780327	Contract Hdr: AZ MEDICAID -COPAY LEVEL 00	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/27/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7338368629Z1	11/08/2022 - 11/08/2022				HC:95939 / 26 / 1			\$3,814.00	PI-29	\$3,814.00	\$0.00
7338368629Z2	11/08/2022 - 11/08/2022				HC:95822 / 26 / 1			\$1,755.00	PI-29	\$1,755.00	\$0.00
7338368629Z3	11/08/2022 - 11/08/2022				HC:95938 / 26 / 1			\$3,107.00	PI-29	\$3,107.00	\$0.00
7338368629Z4	11/08/2022 - 11/08/2022				HC:95861 / 26 / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7338368629Z5	11/08/2022 - 11/08/2022				HC:95861 / 26,XU / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7338368629Z6	11/08/2022 - 11/08/2022				HC:95870 / 26,XU / 2			\$1,166.00	PI-29	\$1,166.00	\$0.00
7338368629Z7	11/08/2022 - 11/08/2022				HC:95870 / 26,XU / 2			\$1,166.00	PI-29	\$1,166.00	\$0.00
7338368629Z8	11/08/2022 - 11/08/2022				HC:95999 / / 4			\$7,200.00	PI-29	\$7,200.00	\$0.00

Code Descriptions

GROUP CODE(S):

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary