

**Check Summary****Transaction Date:** November 07, 2023

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	9811 W CHARLESTON BLVD STE 2 641
	<b>Check/EFT Trace Number:</b>	9981668063		LAS VEGAS, NV 89117
	<b>Payment Amount:</b>	127.90		
	<b>Check/EFT Date:</b>	11/07/2023		
	<b>Production End Cycle Date:</b>	11/02/2023		

**Patient Name:** HAWLEY, PATRICIA K**Claim Number:** 378728390901**Claim Date:** 01/27/2023-01/27/2023 **Claim Status Code:** 2

<b>Patient ID:</b> 34652043512	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b>	\$21,724.00
<b>Patient Ctrl Nmbr:</b> 0.2874653	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$43.70
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/14/2023	<b>Patient Resp:</b>	\$13,048.00
<b>Original Ref Nmbr:</b>				

**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
257149040214556001	01/27/2023 - 01/27/2023				HC:95939 / 26 / 0		\$117.24 (B6)	\$3,814.00	OA-23	\$3,790.55	\$23.45
257149040214556002	01/27/2023 - 01/27/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
257149040214556003	01/27/2023 - 01/27/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
257149040214556004	01/27/2023 - 01/27/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
257149040214556005	01/27/2023 - 01/27/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
257149040214556006	01/27/2023 - 01/27/2023				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
257149040214556007	01/27/2023 - 01/27/2023				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
257149040214556008	01/27/2023 - 01/27/2023				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9981668063	<b>Check/EFT Date:</b> 11/07/2023	<b>Total Paid:</b> \$127.90
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Supplemental Information - AMT/Payer Codes: \$218.49 (AU)

<b>Patient Name:</b> MORTENSEN, MARIE	<b>Claim Number:</b> 378728390201	<b>Claim Date:</b> 01/26/2023-01/26/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 33230342912	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$4,862.00
<b>Patient Ctrl Nmbr:</b> 0.2873877	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$20.25
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/14/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 2
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
256148434130556001	01/26/2023 - 01/26/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
256148434130556002	01/26/2023 - 01/26/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97

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

<b>Patient Name:</b> MOSLEY, CALLY J	<b>Claim Number:</b> 378728390921	<b>Claim Date:</b> 01/30/2023-01/30/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 06257745111	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$21,724.00
<b>Patient Ctrl Nmbr:</b> 0.2877318	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$43.70
<b>Rendering Prvd:</b> HSU,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/14/2023	<b>Patient Resp:</b> \$13,048.00
<b>Original Ref Nmbr:</b>			

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
257149203542556001	01/30/2023 - 01/30/2023				HC:95939 / 26 / 0		\$117.24 (B6)	\$3,814.00	OA-23	\$3,790.55	\$23.45
257149203542556002	01/30/2023 - 01/30/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
257149203542556003	01/30/2023 - 01/30/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
257149203542556004	01/30/2023 - 01/30/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9981668063	<b>Check/EFT Date:</b> 11/07/2023	<b>Total Paid:</b> \$127.90
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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
257149203542556005	01/30/2023 - 01/30/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
257149203542556006	01/30/2023 - 01/30/2023				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
257149203542556007	01/30/2023 - 01/30/2023				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
257149203542556008	01/30/2023 - 01/30/2023				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$218.49 (AU)

<b>Patient Name:</b> WAGNER, JOHN	<b>Claim Number:</b> 378738391411	<b>Claim Date:</b> 01/06/2023-01/06/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 32684778211	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2850885	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$20.25
<b>Rendering Prvd:</b> MCAULIFFE,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/14/2023	<b>Patient Resp:</b> \$8,628.00
<b>Original Ref Nmbr:</b>			

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
228132702192556001	01/06/2023 - 01/06/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
228132702192556002	01/06/2023 - 01/06/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
228132702192556003	01/06/2023 - 01/06/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
228132702192556004	01/06/2023 - 01/06/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
228132702192556005	01/06/2023 - 01/06/2023				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

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

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9981668063	<b>Check/EFT Date:</b> 11/07/2023	<b>Total Paid:</b> \$127.90
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# **Code Descriptions**

## **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