

**Check Summary****Transaction Date:** October 24, 2023

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 9975883698 <b>Payment Amount:</b> 40.76 <b>Check/EFT Date:</b> 10/24/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> 9811 W CHARLESTON BLVD STE 2 641 LAS VEGAS, NV 89117
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**Patient Name:** BAGLIONI, PETER J**Claim Number:** 376808130501**Claim Date:** 05/09/2022-05/09/2022 **Claim Status Code:** 2

<b>Patient ID:</b> 06722267911	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,142.00
<b>Patient Ctrl Nmbr:</b> 2335107	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
000001	05/09/2022 - 05/09/2022				HC:95939 / 26 / 0			\$3,814.00	OA-23 PI-204	\$3,690.65 \$123.35	\$0.00
000002	05/09/2022 - 05/09/2022				HC:95861 / 26,XU / 0	N30		\$3,228.00	CO-29 OA-23	\$33.96 \$3,194.04	\$0.00
000003	05/09/2022 - 05/09/2022				HC:95938 / 26 / 0			\$3,107.00	OA-23 PI-204	\$3,059.73 \$47.27	\$0.00
000004	05/09/2022 - 05/09/2022				HC:95822 / 26 / 0			\$1,755.00	OA-23 PI-204	\$1,695.64 \$59.36	\$0.00
000005	05/09/2022 - 05/09/2022				HC:95861 / 26,XU / 0	N30		\$1,614.00	CO-29 OA-23	\$16.98 \$1,597.02	\$0.00
000006	05/09/2022 - 05/09/2022				HC:95865 / 26,XU / 0	N30		\$1,502.00	CO-29 OA-23	\$17.21 \$1,484.79	\$0.00
000007	05/09/2022 - 05/09/2022				HC:95865 / 26,XU / 0	N30		\$1,502.00	CO-29 OA-23	\$17.21 \$1,484.79	\$0.00
000008	05/09/2022 - 05/09/2022				HC:95865 / 26,XU / 0	N30		\$1,310.00	CO-29 OA-23	\$13.01 \$1,296.99	\$0.00

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9975883698	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$40.76
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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
000009	05/09/2022 - 05/09/2022				HC:95868 / 26,XU / 0	N30		\$1,310.00	CO-29 OA-23	\$13.01 \$1,296.99	\$0.00

<b>Patient Name:</b> ELLIOTT SR, ROBERT L	<b>Claim Number:</b> 378430273351	<b>Claim Date:</b> 05/23/2023-05/23/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 30457960711	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$4,862.00
<b>Patient Ctrl Nmbr:</b> 0.3014002	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$20.38
<b>Rendering Prvd:</b> DEJESUS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/11/2023	<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
268154695238556001	05/23/2023 - 05/23/2023				HC:95822 / 26 / 0		\$56.79 (B6)	\$1,755.00	OA-23	\$1,743.64	\$11.36
268154695238556002	05/23/2023 - 05/23/2023				HC:95938 / 26 / 0		\$45.08 (B6)	\$3,107.00	OA-23	\$3,097.98	\$9.02

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

<b>Patient Name:</b> HANKS, LARRY	<b>Claim Number:</b> 378430273561	<b>Claim Date:</b> 05/23/2023-05/23/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 32665735611	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$5,379.00
<b>Patient Ctrl Nmbr:</b> 0.3013245	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$20.38
<b>Rendering Prvd:</b> DEJESUS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/11/2023	<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
268154680329556001	05/23/2023 - 05/23/2023				HC:95822 / 26 / 0		\$56.79 (B6)	\$2,436.00	OA-23	\$2,424.64	\$11.36

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9975883698	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$40.76
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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
268154680329556002	05/23/2023 - 05/23/2023				HC:95938 / 26 / 0		\$45.08 (B6)	\$2,943.00	OA-23	\$2,933.98	\$9.02

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

<b>Patient Name:</b> SHAPLEIGH, RICHARD D	<b>Claim Number:</b> 376808130521	<b>Claim Date:</b> 05/16/2022-05/16/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 32515249611	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$8,090.00
<b>Patient Ctrl Nmbr:</b> 2338163	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
000001	05/16/2022 - 05/16/2022				HC:95938 / 26 / 0			\$3,107.00	OA-23 OA-18	\$3,059.73 \$47.27	\$0.00
000002	05/16/2022 - 05/16/2022				HC:95822 / 26 / 0			\$1,755.00	OA-23 OA-18	\$1,695.64 \$59.36	\$0.00
000003	05/16/2022 - 05/16/2022				HC:95861 / 26,XU / 0			\$1,614.00	OA-23 OA-18	\$1,529.09 \$84.91	\$0.00
000004	05/16/2022 - 05/16/2022				HC:95861 / 26,XU / 0			\$1,614.00	OA-23 OA-18	\$1,529.09 \$84.91	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N30=Patient ineligible for this service.

##### AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9975883698	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$40.76
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**GROUP CODE(S):**

OA=Other Adjustments

PI=Payor Initiated Reductions

CO=Contractual Obligations

**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

29=The time limit for filing has expired.

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

**CLAIM STATUS CODE(S):**

2=Processed as Secondary