

Check Summary**Transaction Date:** October 21, 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: 118444494231022 Payment Amount: 413.23 Check/EFT Date: 10/21/2023 Production End Cycle Date: 10/21/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: PLOWMAN, ELDON**Claim Number:** 820232720510735**Claim Date:** 01/04/2023-01/04/2023 **Claim Status Code:** 1

Patient ID: H79317118	Group / Policy: 0Y927801	Facility Type: 11	Claim Charge: \$31,702.00
Patient Ctrl Nmbr: 0.2848187	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$413.23
Rendering Prvd: MCAULIFFE, MATTHEW	Rendering Prv ID:	Claim Received Date: 09/29/2023	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
	01/04/2023 - 01/04/2023				HC:95999 // 4			\$7,200.00	CO-222	\$7,200.00	\$0.00
	01/04/2023 - 01/04/2023				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7353788448Z7	01/04/2023 - 01/04/2023				HC:95999 // 5			\$9,000.00	CO-222	\$9,000.00	\$0.00
7353788448Z1	01/04/2023 - 01/04/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7353788448Z2	01/04/2023 - 01/04/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61
7353788448Z3	01/04/2023 - 01/04/2023				HC:95929 / 26 / 1		\$78.14 (B6)	\$2,459.00	CO-253 CO-45	\$1.56 \$2,380.86	\$76.58
7353788448Z4	01/04/2023 - 01/04/2023				HC:95908 / 26 / 1		\$65.20 (B6)	\$437.00	CO-253 CO-45	\$1.30 \$371.80	\$63.90
7353788448Z5	01/04/2023 - 01/04/2023				HC:95886 / 26 / 2		\$90.40 (B6)	\$2,972.00	CO-253 CO-45	\$1.81 \$2,881.60	\$88.59

Payer: HUMANA INC.	Check/EFT Trace Number: 118444494231022	Check/EFT Date: 10/21/2023	Total Paid: \$413.23
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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
7353788448Z6	01/04/2023 - 01/04/2023				HC:95886 / 26,XU / 2		\$90.40 (B6)	\$2,972.00	CO-253 CO-45	\$1.81 \$2,881.60	\$88.59

Code Descriptions

REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

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)

CLAIM STATUS CODE(S):

1=Processed as Primary