

Check Summary**Transaction Date:** October 25, 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: 118759425231026 Payment Amount: 95.57 Check/EFT Date: 10/25/2023 Production End Cycle Date: 10/25/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: FREIMANIS, VILNIS**Claim Number:** 820232821095154**Claim Date:** 01/09/2023-01/09/2023 **Claim Status Code:** 1

Patient ID: H73315376	Group / Policy: 0Y098201	Facility Type: 21	Claim Charge: \$8,462.00
Patient Ctrl Nmbr: 0.2852686	Contract Hdr: MEDICARE ADVANTAGE HMO	Claim Frequency: 1	Claim Payment: \$95.57
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7385534997Z3	01/09/2023 - 01/09/2023				HC:95999 // 2			\$0.00	OA-94 CO-222	\$-3,600.00 \$3,600.00	\$0.00
	01/09/2023 - 01/09/2023				HC:95999 // 1			\$1,800.00	CO-222	\$1,800.00	\$0.00
	01/09/2023 - 01/09/2023				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7385534997Z1	01/09/2023 - 01/09/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7385534997Z2	01/09/2023 - 01/09/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61

Patient Name: GOLDMAN, DIANNE**Claim Number:** 820232970528906**Claim Date:** 02/14/2023-02/14/2023 **Claim Status Code:** 1

Patient ID: H74835357	Group / Policy: 0Y098201	Facility Type: 22	Claim Charge: \$9,890.00
Patient Ctrl Nmbr: 0.2894784	Contract Hdr: MEDICARE ADVANTAGE HMO	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/24/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: HUMANA INC.	Check/EFT Trace Number: 118759425231026	Check/EFT Date: 10/25/2023	Total Paid: \$95.57
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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
7435243817Z5	02/14/2023 - 02/14/2023				HC:95999 // 1			\$1,800.00	CO-B11	\$1,800.00	\$0.00
7435243817Z1	02/14/2023 - 02/14/2023				HC:95938 / 26 / 1			\$3,107.00	CO-B11	\$3,107.00	\$0.00
7435243817Z2	02/14/2023 - 02/14/2023				HC:95955 / 26 / 1			\$1,755.00	CO-B11	\$1,755.00	\$0.00
7435243817Z3	02/14/2023 - 02/14/2023				HC:95861 / 26 / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00
7435243817Z4	02/14/2023 - 02/14/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00

Patient Name: HEALY, TERRENCE		Claim Number: 820232971907470		Claim Date: 02/16/2023-02/16/2023		Claim Status Code: 1	
Patient ID: H62477722		Group / Policy: 0Y098201		Facility Type: 22		Claim Charge: \$16,481.00	
Patient Ctrl Nmbr: 0.2897821		Contract Hdr: MEDICARE ADVANTAGE HMO		Claim Frequency: 1		Claim Payment: \$0.00	
Rendering Prvd: FILE, SIGNATURE ON		Rendering Prv ID:		Claim Received Date: 10/24/2023		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
7436210392Z1	02/16/2023 - 02/16/2023				HC:95938 / 26 / 1			\$3,107.00	CO-B11	\$3,107.00	\$0.00
7436210392Z2	02/16/2023 - 02/16/2023				HC:95929 / 26 / 1			\$2,459.00	CO-B11	\$2,459.00	\$0.00
7436210392Z3	02/16/2023 - 02/16/2023				HC:95955 / 26 / 1			\$1,755.00	CO-B11	\$1,755.00	\$0.00
7436210392Z4	02/16/2023 - 02/16/2023				HC:95861 / 26 / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00
7436210392Z5	02/16/2023 - 02/16/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00

Payer: HUMANA INC.	Check/EFT Trace Number: 118759425231026	Check/EFT Date: 10/25/2023	Total Paid: \$95.57
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Line Details											Results: 8
Line Ctrl Nbr	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
7436210392Z6	02/16/2023 - 02/16/2023				HC:95870 / 26,XU / 1			\$1,166.00	CO-B11	\$1,166.00	\$0.00
7436210392Z7	02/16/2023 - 02/16/2023				HC:95870 / 26,XU / 1			\$1,166.00	CO-B11	\$1,166.00	\$0.00
7436210392Z8	02/16/2023 - 02/16/2023				HC:95999 // 2			\$3,600.00	CO-B11	\$3,600.00	\$0.00

Code Descriptions

REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

94=Processed in Excess of charges.

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)

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

CLAIM STATUS CODE(S):

1=Processed as Primary