

## Check Summary

Transaction Date: November 05, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 119589657231106 <b>Payment Amount:</b> 464.27 <b>Check/EFT Date:</b> 11/05/2023 <b>Production End Cycle Date:</b> 11/05/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

Patient Name: LEE, BANG

Claim Number: 820232920478903

Claim Date: 01/27/2023-01/27/2023 Claim Status Code: 1

<b>Patient ID:</b> H43096763	<b>Group / Policy:</b> 0Y960901	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$25,492.00
<b>Patient Ctrl Nmbr:</b> 0.2875109	<b>Contract Hdr:</b> MEDICARE ADVANTAGE PPO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$406.92
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/19/2023	<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
	01/27/2023 - 01/27/2023				HC:95870 / 26,XU / 1		\$19.38 (B6)	\$1,166.00	CO-253 \$0.39 CO-45 \$1,146.62		\$18.99
7421420033Z8	01/27/2023 - 01/27/2023				HC:95999 // 4	N19		\$7,200.00	CO-97	\$7,200.00	\$0.00
7421420033Z1	01/27/2023 - 01/27/2023				HC:95939 / 26 / 1		\$117.24 (B6)	\$3,814.00	CO-253 \$2.34 CO-45 \$3,696.76		\$114.90
7421420033Z2	01/27/2023 - 01/27/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 \$0.90 CO-45 \$3,062.14		\$43.96
7421420033Z3	01/27/2023 - 01/27/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 \$1.05 CO-45 \$1,702.34		\$51.61
7421420033Z4	01/27/2023 - 01/27/2023				HC:95868 / 26 / 1		\$61.47 (B6)	\$1,310.00	CO-253 \$1.23 CO-45 \$1,248.53		\$60.24
7421420033Z5	01/27/2023 - 01/27/2023				HC:95868 / 26,XU / 1		\$61.47 (B6)	\$1,310.00	CO-253 \$1.23 CO-45 \$1,248.53		\$60.24
7421420033Z6	01/27/2023 - 01/27/2023				HC:95870 / 26,XU / 3		\$58.14 (B6)	\$3,498.00	CO-253 \$1.16 CO-45 \$3,439.86		\$56.98

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 119589657231106	<b>Check/EFT Date:</b> 11/05/2023	<b>Total Paid:</b> \$464.27
---------------------------	------------------------------------------------	-----------------------------------	-----------------------------

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
7421420033Z7	01/27/2023 - 01/27/2023				HC:95870 / 26,XU / 2	N362		\$2,332.00	CO-273	\$2,332.00	\$0.00

<b>Patient Name:</b> SEALS, CHRISTEEN	<b>Claim Number:</b> 820232961041948	<b>Claim Date:</b> 02/13/2023-02/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> H78867971	<b>Group / Policy:</b> 06A91001	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$4,862.00
<b>Patient Ctrl Nmbr:</b> 0.2892712	<b>Contract Hdr:</b> MEDICARE ADVANTAGE PPO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$57.35
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/23/2023	<b>Patient Resp:</b> \$39.00
<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
7431724153Z1	02/13/2023 - 02/13/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$17.94 \$0.54 \$3,062.14	\$26.38
7431724153Z2	02/13/2023 - 02/13/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	PR-2 CO-253 CO-45	\$21.06 \$0.63 \$1,702.34	\$30.97

#### Code Descriptions

#### REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

#### AMT CODE(S):

B6=Allowed - Actual

#### GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 119589657231106	<b>Check/EFT Date:</b> 11/05/2023	<b>Total Paid:</b> \$464.27
---------------------------	------------------------------------------------	-----------------------------------	-----------------------------

**CLAIM ADJUSTMENT REASON CODE(S):**

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)

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.

273=Coverage/program guidelines were exceeded.

2=Coinsurance Amount

**CLAIM STATUS CODE(S):**

1=Processed as Primary