Check Summary

HUMANA INC.

P.O. BOX 14601

LEXINGTON, KY 405124601

APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?

FILE=2859948

Payee Tax ID:

Check/EFT Trace Number:

Pavee ID:

271622508 1174916522

NO-PAY-

0.00

202310100006620

Payee Name:

MONITORING ASSOCIATES

Transaction Date: October 10, 2023

Pavee Address:

DEPT 880256

PO BOX 29650

PHOENIX, AZ 850389650

Payment Amount: Check/EFT Date:

HC:95999 / / 3

Production End Cycle Date:

10/10/2023 10/10/2023

Patient ID: H44782375

Group / Policy: 0Y083301

Facility Type: 22

\$13,490.00 Claim Charge:

Patient Ctrl Nmbr: 0.2840365

Contract Hdr: MEDICARE ADVANTAGE HMO Claim Frequency: 1

Claim Number: 820232821095084

Claim Payment: \$0.00

Rendering Prvd: FILE, SIGNATURE ON

Patient Name: YOUSHAH, STANLEY

Rendering Prv ID:

Claim Received Date:

10/09/2023

\$5,400.00 CO-B11

Patient Resp: \$0.00

Original Ref Nmbr:

Line Details

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev		Remark / Payer Code	Supp Info (AMT)	_	Adjustments (Qty)	Adj Amount	Payment
7385904245Z1	12/27/2022 - 12/27/2022			HC:95938 / 26 / 1			\$3,107.00	CO-B11	\$3,107.00	\$0.00
7385904245Z2	12/27/2022 - 12/27/2022			HC:95955 / 26 / 1			\$1,755.00	CO-B11	\$1,755.00	\$0.00
7385904245Z3	12/27/2022 - 12/27/2022			HC:95861 / 26 / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00
7385904245Z4	12/27/2022 - 12/27/2022			HC:95861 / 26,XU / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00

Code Descriptions

7385904245Z5

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

12/27/2022 -

12/27/2022

\$0.00

\$5,400.00

Results: 5

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-	Check/EFT Date: 10/10/2023	Total Paid: \$0.00	
	202310100006620			

CLAIM ADJUSTMENT REASON CODE(S):

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