

Check Summary**Transaction Date:** October 11, 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: 117661898231012 Payment Amount: 2,477.69 Check/EFT Date: 10/11/2023 Production End Cycle Date: 10/11/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	SUM OF INTEREST OWED	\$0.93
L6	SUM OF INTEREST OWED	\$0.11

Patient Name: CARTER, ANNIE**Claim Number:** 820232720645184**Claim Date:** 06/19/2023-06/19/2023 **Claim Status Code:** 1**Patient ID:** H49392650**Group / Policy:** 0Y516501**Facility Type:** 21**Claim Charge:** \$29,985.00**Patient Ctrl Nbr:** 0.3044302**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$476.03**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 09/29/2023**Patient Resp:** \$0.00**Original Ref Nbr:****Line Details****Results:** 10

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
7353740438Z8	06/19/2023 - 06/19/2023				HC:95999 // 4			\$0.00	OA-94 CO-222	\$-7,200.00 \$7,200.00	\$0.00
	06/19/2023 - 06/19/2023				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00
	06/19/2023 - 06/19/2023				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7353740438Z1	06/19/2023 - 06/19/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7353740438Z2	06/19/2023 - 06/19/2023				HC:95955 / 26,XU / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61

Payer: HUMANA INC.	Check/EFT Trace Number: 117661898231012	Check/EFT Date: 10/11/2023	Total Paid: \$2,477.69
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Line Details										Results: 10	
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
7353740438Z3	06/19/2023 - 06/19/2023				HC:95908 / 26,XU / 1		\$65.20 (B6)	\$437.00	CO-253 CO-45	\$1.30 \$371.80	\$63.90
7353740438Z4	06/19/2023 - 06/19/2023				HC:51785 / 26 / 1		\$94.82 (B6)	\$2,799.00	CO-253 CO-45	\$1.90 \$2,704.18	\$92.92
7353740438Z5	06/19/2023 - 06/19/2023				HC:51785 / 26,XU / 1		\$47.41 (B6)	\$2,799.00	CO-253 CO-45	\$0.95 \$2,751.59	\$46.46
7353740438Z6	06/19/2023 - 06/19/2023				HC:95886 / 26 / 2		\$90.40 (B6)	\$5,944.00	CO-253 CO-45	\$1.81 \$5,853.60	\$88.59
7353740438Z7	06/19/2023 - 06/19/2023				HC:95886 / 26,XU / 2		\$90.40 (B6)	\$5,944.00	CO-253 CO-45	\$1.81 \$5,853.60	\$88.59

Patient Name: HAMRE, ANDREW	Claim Number: 820232551696771	Claim Date: 10/20/2022-10/20/2022	Claim Status Code: 1
Patient ID: H73427723	Group / Policy: 02A52001	Facility Type: 13	Claim Charge: \$18,561.00
Patient Ctrl Nmbr: 0.2756476	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$1,732.93
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 09/12/2023	Patient Resp: \$434.72
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
7275016019Z6	10/20/2022 - 10/20/2022				HC:95999 // 4	M15		\$0.00	OA-94 CO-97	\$-7,200.00 \$7,200.00	\$0.00
	10/20/2022 - 10/20/2022				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00
	10/20/2022 - 10/20/2022				HC:95999 // 1	N362	\$1,800.00 (B6)	\$1,800.00	PR-2	\$360.00	\$1,440.00
7275016019Z1	10/20/2022 - 10/20/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	PR-2 CO-253 CO-45	\$11.72 \$0.94 \$1,696.41	\$45.93

Payer: HUMANA INC.	Check/EFT Trace Number: 117661898231012	Check/EFT Date: 10/11/2023	Total Paid: \$2,477.69
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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
7275016019Z2	10/20/2022 - 10/20/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$9.33 \$0.75 \$3,060.34	\$36.58
7275016019Z3	10/20/2022 - 10/20/2022				HC:95909 / 26 / 1		\$81.74 (B6)	\$555.00	PR-2 CO-253 CO-45	\$16.35 \$1.31 \$473.26	\$64.08
7275016019Z4	10/20/2022 - 10/20/2022				HC:95886 / 26 / 2		\$93.32 (B6)	\$2,972.00	PR-2 CO-253 CO-45	\$18.66 \$1.49 \$2,878.68	\$73.17
7275016019Z5	10/20/2022 - 10/20/2022				HC:95886 / 26,XU / 2		\$93.32 (B6)	\$2,972.00	PR-2 CO-253 CO-45	\$18.66 \$1.49 \$2,878.68	\$73.17

Supplemental Information - AMT/Payer Codes: \$0.93 (I)

Patient Name: MOORE, DANIEL	Claim Number: 820232560592213	Claim Date: 10/28/2022-10/28/2022	Claim Status Code: 1
Patient ID: H55664750	Group / Policy: 0R834201	Facility Type: 11	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2766843	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$267.69
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 09/13/2023	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
7280112924Z5	10/28/2022 - 10/28/2022				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00
7280112924Z1	10/28/2022 - 10/28/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	CO-253 CO-45	\$1.17 \$1,696.41	\$57.42
7280112924Z2	10/28/2022 - 10/28/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7280112924Z3	10/28/2022 - 10/28/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

Payer: HUMANA INC.	Check/EFT Trace Number: 117661898231012	Check/EFT Date: 10/11/2023	Total Paid: \$2,477.69
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Line Details											Results: 5
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
7280112924Z4	10/28/2022 - 10/28/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

Supplemental Information - AMT/Payer Codes: \$0.11 (I)

Code Descriptions

REMARK CODE(S):

L6=Interest Owed

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

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

I=Interest

GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

PR=Patient Responsibility

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)

2=Coinsurance Amount

CLAIM STATUS CODE(S):

1=Processed as Primary