

Check Summary

Transaction Date: October 16, 2023

TRICARE EAST PO BOX 7889 MADISON, WI 53707 WWW.HUMANAMILITARY.COM	Payee Tax ID: Payee ID: 1174916522 Check/EFT Trace Number: 4000094370 Payment Amount: 256.09 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/11/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: JIMENEZ, JESSICA

Claim Number: 20232548092781

Claim Date: 07/17/2023-07/17/2023 Claim Status Code: 1

Patient ID: 131720182	Group / Policy:	Facility Type: 22	Claim Charge:	\$13,832.00
Patient Ctrl Nmbr: 0.3073712	Contract Hdr:	Claim Frequency:	Claim Payment:	\$256.09
Rendering Prvd: ,	Rendering Prv ID: 27162250889117A001	Claim Received Date: 09/11/2023	Patient Resp:	\$0.00
Original Ref Nmbr:				

Line Details

Results: 7

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
254146677434556001	07/17/2023 - 07/17/2023	27162250889117A034 1487072245			HC:95822 / 26 / 1	M15		\$1,755.00	CO-A1	\$1,755.00	\$0.00
254146677434556002	07/17/2023 - 07/17/2023	27162250889117A034 1487072245			HC:95938 / 26 / 1	N1	\$43.06 (B6)	\$3,107.00	CO-45	\$3,063.94	\$43.06
254146677434556003	07/17/2023 - 07/17/2023	27162250889117A034 1487072245			HC:51785 / 26 / 1	N1	\$90.50 (B6)	\$1,071.00	CO-45	\$980.50	\$90.50
254146677434556004	07/17/2023 - 07/17/2023	27162250889117A034 1487072245			HC:51785 / 26,XU / 1	N1	\$45.25 (B6)	\$1,071.00	CO-45	\$1,025.75	\$45.25
254146677434556005	07/17/2023 - 07/17/2023	27162250889117A034 1487072245			HC:95861 / 26 / 1	M15		\$1,614.00	CO-A1	\$1,614.00	\$0.00
254146677434556006	07/17/2023 - 07/17/2023	27162250889117A034 1487072245			HC:95861 / 26,XU / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28
254146677434556007	07/17/2023 - 07/17/2023	27162250889117A034 1487072245			HC:95999 / / 2			\$3,600.00	CO-4	\$3,600.00	\$0.00

Code Descriptions

Payer: TRICARE EAST	Check/EFT Trace Number: 4000094370	Check/EFT Date: 10/16/2023	Total Paid: \$256.09
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REMARK CODE(S):

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

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

A1=Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.

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)

4=The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary