

**Check Summary****Transaction Date:** October 15, 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> 117974134231016 <b>Payment Amount:</b> 263.83 <b>Check/EFT Date:</b> 10/15/2023 <b>Production End Cycle Date:</b> 10/15/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** EPPICH, SUSAN**Claim Number:** 820232791813324**Claim Date:** 12/20/2022-12/20/2022 **Claim Status Code:** 1

<b>Patient ID:</b> H40845157	<b>Group / Policy:</b> 0X173701	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$13,490.00
<b>Patient Ctrl Nmbr:</b> 0.2833940	<b>Contract Hdr:</b> MEDICARE ADVANTAGE HMO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$263.83
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/06/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
7380121905Z5	12/20/2022 - 12/20/2022				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00
7380121905Z1	12/20/2022 - 12/20/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7380121905Z2	12/20/2022 - 12/20/2022				HC:95955 / 26 / 1		\$54.65 (B6)	\$1,755.00	CO-253 CO-45	\$1.09 \$1,700.35	\$53.56
7380121905Z3	12/20/2022 - 12/20/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7380121905Z4	12/20/2022 - 12/20/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

**Code Descriptions****REMARK CODE(S):**

N19=Procedure code incidental to primary procedure.

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 117974134231016	<b>Check/EFT Date:</b> 10/15/2023	<b>Total Paid:</b> \$263.83
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**AMT CODE(S):**

B6=Allowed - Actual

**GROUP CODE(S):**

CO=Contractual Obligations

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

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)

**CLAIM STATUS CODE(S):**

1=Processed as Primary