

**Check Summary****Transaction Date:** October 19, 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> 118284624231020 <b>Payment Amount:</b> 263.83 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** GILCHRIST, ANN**Claim Number:** 820232820338562**Claim Date:** 12/27/2022-12/27/2022 **Claim Status Code:** 1**Patient ID:** H57861798**Group / Policy:** 0Y098201**Facility Type:** 13**Claim Charge:** \$20,383.00**Patient Ctrl Nmbr:** 0.2840022**Contract Hdr:** MEDICARE ADVANTAGE HMO**Claim Frequency:** 1**Claim Payment:** \$263.83**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 10/09/2023**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
	12/27/2022 - 12/27/2022				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00
	12/27/2022 - 12/27/2022				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7384566627Z5	12/27/2022 - 12/27/2022				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00
7384566627Z1	12/27/2022 - 12/27/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7384566627Z2	12/27/2022 - 12/27/2022				HC:95955 / 26 / 1		\$54.65 (B6)	\$3,107.00	CO-253 CO-45	\$1.09 \$3,052.35	\$53.56
7384566627Z3	12/27/2022 - 12/27/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,755.00	CO-253 CO-45	\$1.68 \$1,671.05	\$82.27
7384566627Z4	12/27/2022 - 12/27/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

**Code Descriptions**

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 118284624231020	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$263.83
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**REMARK CODE(S):**

N19=Procedure code incidental to primary procedure.

**AMT CODE(S):**

B6=Allowed - Actual

**GROUP CODE(S):**

CO=Contractual Obligations

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

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)

**CLAIM STATUS CODE(S):**

1=Processed as Primary