

**Check Summary****Transaction Date:** October 12, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	<b>Payee Tax ID:</b> 384037657 <b>Payee ID:</b> 1538681556 <b>Check/EFT Trace Number:</b> NO-PAY-202310120011298 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/12/2023 <b>Production End Cycle Date:</b> 10/12/2023	<b>Payee Name:</b> INTUITUS LLC <b>Payee Address:</b> PO BOX 158 CONWAY, AR 72033
--	--	---

**Patient Name:** FINE, DONNA**Claim Number:** 820232710327888**Claim Date:** 08/28/2023-08/28/2023 **Claim Status Code:** 1**Patient ID:** H64922672**Group / Policy:** 05A78901**Facility Type:** 11**Claim Charge:** \$39,858.00**Patient Ctrl Nmbr:** 2828383**Contract Hdr:** MEDICARE ADVANTAGE POS**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** INTUITUS LLC,**Rendering Prv ID:****Claim Received Date:** 09/26/2023**Patient Resp:** \$40.00**Original Ref Nmbr:****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
	08/28/2023 - 08/28/2023				HC:95870 / 26 / 2			\$35.99	CO-B13	\$35.99	\$0.00
	08/28/2023 - 08/28/2023				HC:95870 / 26 / 2			\$7,143.28	CO-45	\$7,143.28	\$0.00
	08/28/2023 - 08/28/2023				HC:G0453 // 8			\$9,400.00	CO-B15	\$9,400.00	\$0.00
	08/28/2023 - 08/28/2023				HC:95870 / 26 / 2			\$0.73	CO-253	\$0.73	\$0.00
	08/28/2023 - 08/28/2023				HC:95870 / 26 / 2			\$40.00	PR-3	\$40.00	\$0.00
	08/28/2023 - 08/28/2023				HC:95870 / 26 / 2			\$7,138.57	CO-45	\$7,138.57	\$0.00
	08/28/2023 - 08/28/2023				HC:95999 // 1	M15		\$3,349.00	CO-97	\$3,349.00	\$0.00
	08/28/2023 - 08/28/2023				HC:G0453 // 8			\$9,400.00	CO-B15	\$9,400.00	\$0.00

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> NO-PAY-202310120011298	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$0.00
---------------------------	---	-----------------------------------	---------------------------

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
	08/28/2023 - 08/28/2023				HC:95870 / 26 / 2			\$1.43	CO-253	\$1.43	\$0.00
	08/28/2023 - 08/28/2023				HC:95999 // 1	M15		\$3,349.00	CO-97	\$3,349.00	\$0.00

#### Code Descriptions

##### 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.

##### GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

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

B13=Previously paid. Payment for this claim/service may have been provided in a previous 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)

B15=This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

253=Sequestration - reduction in federal payment

3=Co-payment Amount

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.

##### CLAIM STATUS CODE(S):

1=Processed as Primary