

Check Summary**Transaction Date:** October 19, 2023

AETNA 151 FARMINGTON AVENUE HARTFORD, CT 06156	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 823289000190573 Payment Amount: 26,521.00 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: CZARNECKI, MADILYN**Claim Number:** E5AC0R6CH0001**Claim Date:** 07/07/2022-07/07/2022 **Claim Status Code:** 22

Patient ID: W265090010	Group / Policy: 0283918-021-00001-DC	Facility Type: 21	Claim Charge: \$-35,196.00
Patient Ctrl Nmbr: 0.2628385	Contract Hdr: AETNA CHOICE POS II	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/31/2022	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
6297918657Z5	07/07/2022 - 07/07/2022				HC:95999 // 0	N517 N748		\$-7,200.00	PI-226	\$-7,200.00	\$0.00
6297918657Z1	07/07/2022 - 07/07/2022				HC:95941 // 0	N517 N748		\$-19,320.00	PI-226	\$-19,320.00	\$0.00
6297918657Z2	07/07/2022 - 07/07/2022				HC:95939 / 26 / 0	N517 N748		\$-3,814.00	PI-226	\$-3,814.00	\$0.00
6297918657Z4	07/07/2022 - 07/07/2022				HC:95938 / 26 / 0	N517 N748		\$-3,107.00	PI-226	\$-3,107.00	\$0.00
6297918657Z3	07/07/2022 - 07/07/2022				HC:95822 / 26 / 0	N517 N748		\$-1,755.00	PI-226	\$-1,755.00	\$0.00

Patient Name: CZARNECKI, MADILYN**Claim Number:** E5AC0R6CH0002**Claim Date:** 07/07/2022-07/07/2022 **Claim Status Code:** 1

Patient ID: W265090010	Group / Policy: 0283918-021-00001-DC	Facility Type: 21	Claim Charge: \$35,196.00
Patient Ctrl Nmbr: 0.2628385	Contract Hdr: AETNA CHOICE POS II	Claim Frequency: 1	Claim Payment: \$26,521.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 09/01/2023	Patient Resp: \$0.00
Original Ref Nmbr: E5AC0R6CH0001			

Payer: AETNA	Check/EFT Trace Number: 823289000190573	Check/EFT Date: 10/19/2023	Total Paid: \$26,521.00
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Line Details											Results: 6
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
6297918657Z5	07/07/2022 - 07/07/2022				HC:95999 // 0	N123 N563 N748	\$5,400.00 (B6)	\$5,400.00	CO-55	\$5,400.00	\$0.00
6297918657Z5	07/07/2022 - 07/07/2022				HC:95999 // 0	N123 N563 N748	\$1,800.00 (B6)	\$1,800.00	CO-55	\$1,800.00	\$0.00
6297918657Z1	07/07/2022 - 07/07/2022				HC:95941 // 7	N748	\$19,320.00 (B6)	\$19,320.00			\$19,320.00
6297918657Z2	07/07/2022 - 07/07/2022				HC:95939 / 26 / 1	N748	\$3,814.00 (B6)	\$3,814.00			\$3,814.00
6297918657Z4	07/07/2022 - 07/07/2022				HC:95938 / 26 / 1	N748	\$3,107.00 (B6)	\$3,107.00			\$3,107.00
6297918657Z3	07/07/2022 - 07/07/2022				HC:95822 / 26 / 1	N748	\$280.00 (B6)	\$1,755.00	CO-45	\$1,475.00	\$280.00

Supplemental Information - AMT/Payer Codes: \$35,196.00 (AU)

Code Descriptions

REMARK CODE(S):

N123=Alert: This is a split service and represents a portion of the units from the originally submitted service.

N517=Resubmit a new claim with the requested information.

N563=Alert: Missing required provider/supplier issuance of advance patient notice of non-coverage. The patient is not liable for payment for this service.

N748=Adjusted because the related hospital charges have not been received.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PI=Payor Initiated Reductions

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

Payer: AETNA	Check/EFT Trace Number: 823289000190573	Check/EFT Date: 10/19/2023	Total Paid: \$26,521.00
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CLAIM ADJUSTMENT REASON CODE(S):

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. 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.)

55=Procedure/treatment/drug is deemed experimental/investigational by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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):

22=Reversal of Previous Payment

1=Processed as Primary