

Check Summary**Transaction Date:** October 20, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23291B1000077089 Payment Amount: 0.00 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Patient Name: MOLINA, LISA B**Claim Number:** 23O500599100**Claim Date:** 12/09/2022-12/09/2022 **Claim Status Code:** 2

Patient ID: A69280143	Group / Policy:	Facility Type: 21	Claim Charge: \$25,375.00
Patient Ctrl Nmbr: 0.2820748	Contract Hdr: AZ MEDICAID -COPAY LEVEL	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	00	Claim Received Date: 10/05/2023	Patient Resp: \$0.00
Original Ref Nmbr:	Rendering Prv ID:		

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
7371242866Z1	12/09/2022 - 12/09/2022				HC:95939 / 26 / 1	N290		\$3,814.00	CO-16	\$3,814.00	\$0.00
7371242866Z2	12/09/2022 - 12/09/2022				HC:95938 / 26 / 1	N290		\$3,107.00	CO-16	\$3,107.00	\$0.00
7371242866Z3	12/09/2022 - 12/09/2022				HC:95955 / 26 / 1	N290		\$1,755.00	CO-16	\$1,755.00	\$0.00
7371242866Z4	12/09/2022 - 12/09/2022				HC:95908 / 26 / 1	N290		\$1,755.00	CO-16	\$1,755.00	\$0.00
7371242866Z5	12/09/2022 - 12/09/2022				HC:95886 / 26 / 2	N290		\$2,972.00	CO-16	\$2,972.00	\$0.00
7371242866Z6	12/09/2022 - 12/09/2022				HC:95886 / 26,XU / 2	N290		\$2,972.00	CO-16	\$2,972.00	\$0.00
7371242866Z7	12/09/2022 - 12/09/2022				HC:95999 // 5	N290		\$9,000.00	CO-16	\$9,000.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - N290

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23291B1000077089	Check/EFT Date: 10/20/2023	Total Paid: \$0.00
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Code Descriptions

REMARK CODE(S):

N290=Missing/incomplete/invalid rendering provider primary identifier.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

2=Processed as Secondary