

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

UNITEDHEALTHCARE MISSISSIPPI PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23291B1000656742 Payment Amount: 116.22 Check/EFT Date: 10/20/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES Payee Address: 9811 W CHARLESTON BLVD STE 2 641 LAS VEGAS, NV 89117
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Patient Name: KING, ETHEL B**Claim Number:** 23M874580800**Claim Date:** 09/12/2022-09/12/2022 **Claim Status Code:** 22**Patient ID:** 122844057**Group / Policy:****Facility Type:** 22**Claim Charge:** \$-18,124.00**Patient Ctrl Nmbr:** 0.2707130**Contract Hdr:** MS UNITEDHEALTHCARE**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** NATH, AUDREY R**DUAL COMPLETE****Claim Received Date:** 09/05/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Rendering Prv ID:****Line Details** **Results:** 8

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
7248216038Z1	09/12/2022 - 09/12/2022				HC:95939 / 26 / 1	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
7248216038Z2	09/12/2022 - 09/12/2022				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
7248216038Z3	09/12/2022 - 09/12/2022				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
7248216038Z4	09/12/2022 - 09/12/2022				HC:95861 / 26 / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7248216038Z5	09/12/2022 - 09/12/2022				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7248216038Z6	09/12/2022 - 09/12/2022				HC:95868 / 26 / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
7248216038Z7	09/12/2022 - 09/12/2022				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
7248216038Z8	09/12/2022 - 09/12/2022				HC:95999 // 2	M127		\$-3,600.00	CO-252	\$-3,600.00	\$0.00

Payer: UNITEDHEALTHCARE	Check/EFT Trace Number: 23291B1000656742	Check/EFT Date: 10/20/2023	Total Paid: \$116.22
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Medicare Outpatient Adjudication Information:Remark Codes - M127

Patient Name: KING, ETHEL B	Claim Number: 23M874580801	Claim Date: 09/12/2022-09/12/2022	Claim Status Code: 1
Patient ID: 122844057	Group / Policy:	Facility Type: 22	Claim Charge: \$18,124.00
Patient Ctrl Nmbr: 0.2707130	Contract Hdr: MS UNITEDHEALTHCARE	Claim Frequency: 1	Claim Payment: \$116.22
Rendering Prvd: NATH, AUDREY R	DUAL COMPLETE	Claim Received Date: 09/05/2023	Patient Resp: \$29.65
Original Ref Nmbr:	Rendering Prv ID:		

Line Details											Results: 8
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
7248216038Z1	09/12/2022 - 09/12/2022				HC:95939 / 26 / 1		\$107.18 (B6)	\$3,814.00	PR-2 CO-253 CO-45	\$21.44 \$1.71 \$3,706.82	\$84.03
7248216038Z2	09/12/2022 - 09/12/2022				HC:95822 / 26 / 1	M51		\$1,755.00	CO-16	\$1,755.00	\$0.00
7248216038Z3	09/12/2022 - 09/12/2022				HC:95938 / 26 / 1		\$41.06 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$8.21 \$0.66 \$3,065.94	\$32.19
7248216038Z4	09/12/2022 - 09/12/2022				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7248216038Z5	09/12/2022 - 09/12/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7248216038Z6	09/12/2022 - 09/12/2022				HC:95868 / 26 / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7248216038Z7	09/12/2022 - 09/12/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7248216038Z8	09/12/2022 - 09/12/2022				HC:95999 // 2	N657		\$3,600.00	CO-189	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$148.24 (AU)

Medicare Outpatient Adjudication Information:Remark Codes - M51, N657

Code Descriptions

REMARK CODE(S):

Payer: UNITEDHEALTHCARE	Check/EFT Trace Number: 23291B1000656742	Check/EFT Date: 10/20/2023	Total Paid: \$116.22
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REMARK CODE(S):

M127=Missing patient medical record for this service.

M51=Missing/incomplete/invalid procedure code(s).

N657=This should be billed with the appropriate code for these services.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

2=Coinsurance Amount

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)

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.

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

189='Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary