Check Summary Transaction Date: October 16, 2023

HUMANA INC.

P.O. BOX 14601

LEXINGTON, KY 405124601

APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?

FILE=2859948

Payee Tax ID: 271622508

Pavee ID: 1174916522

Check/EFT Trace Number:

Payment Amount: Check/EFT Date:

Production End Cycle Date:

NO-PAY-

202310160005681

PO BOX 29650

PHOENIX, AZ 850389650

DEPT 880256

MONITORING ASSOCIATES

Patient Name: HERRERA MOCTEZUMA, ANA Claim Number: 820232691933863

Patient ID: H75370844 Patient Ctrl Nmbr: 0.2785074 Group / Policy: 0Y098201

Facility Type: 13 Contract Hdr: MEDICARE ADVANTAGE HMO Claim Frequency: 1

0.00

10/16/2023

10/16/2023

Claim Charge: **Claim Payment:**

CO-97

\$0.00 \$0.00

Results: 2

Rendering Prvd: MONITORING ASSOCIATES, Rendering Prv ID:

Claim Received Date:

09/26/2023

Payee Name:

Payee Address:

Patient Resp: \$0.00

\$1.800.00

Original Ref Nmbr:

Line Details

| | | Rend Prov ID | Rev | Sub Proc / Modifier / Units | Adjud Proc / Modifier / Units | Remark / Payer Code | Supp Info (AMT) | 9 | Adjustments (Qty) | Adj Amount | Payment |
|--|----------------------------|-----------------|-----|-----------------------------------|----------------------------------|------------------------|-----------------|--------|----------------------|---------------------------|---------|
| | 11/11/2022 - 11/11/2022 | | | | HC:95999 / / 1 | M15 | | - | OA-94 CO-97 | \$-1,800.00 \$1,800.00 | |
| | 11/11/2022 - | | | | HC:95999 / / 1 | M15 | | \$0.00 | OA-94 | \$-1,800.00 | \$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):

OA=Other Adjustments

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

11/11/2022

94=Processed in Excess of charges.

| Payer: HUMANA INC. | Check/EFT Trace Number: NO-PAY- | Check/EFT Date: 10/16/2023 | Total Paid: \$0.00 | |
|--------------------|---------------------------------|----------------------------|--------------------|--|
| | 202310160005681 | | | |

CLAIM ADJUSTMENT REASON CODE(S):

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