

## Check Summary

Transaction Date: October 16, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 118064473231017 <b>Payment Amount:</b> 232.04 <b>Check/EFT Date:</b> 10/16/2023 <b>Production End Cycle Date:</b> 10/16/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: LOUIS JACQUES, SUSAN

Claim Number: 820232791813370

Claim Date: 12/23/2022-12/23/2022 Claim Status Code: 1

Patient ID: H70936604	Group / Policy: 0X267801	Facility Type: 13	Claim Charge: \$17,749.00
Patient Ctrl Nmbr: 0.2838610	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$232.04
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/06/2023	Patient Resp: \$59.19
Original Ref Nmbr:			

## 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
	12/23/2022 - 12/23/2022				HC:95999 // 1			\$1,800.00	CO-222	\$1,800.00	\$0.00
	12/23/2022 - 12/23/2022				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7380254699Z6	12/23/2022 - 12/23/2022				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00
7380254699Z1	12/23/2022 - 12/23/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$9.33 \$0.75 \$3,060.34	\$36.58
7380254699Z2	12/23/2022 - 12/23/2022				HC:95929 / 26 / 1		\$81.40 (B6)	\$2,459.00	PR-2 CO-253 CO-45	\$16.28 \$1.30 \$2,377.60	\$63.82
7380254699Z4	12/23/2022 - 12/23/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	PR-2 CO-253 CO-45	\$16.79 \$1.34 \$1,530.05	\$65.82

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 118064473231017	<b>Check/EFT Date:</b> 10/16/2023	<b>Total Paid:</b> \$232.04
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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
7380254699Z5	12/23/2022 - 12/23/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	PR-2 CO-253 CO-45	\$16.79 \$1.34 \$1,530.05	\$65.82
7380254699Z3	12/23/2022 - 12/23/2022				HC:95955 / 26 / 1	N362		\$1,755.00	CO-273	\$1,755.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

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

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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.

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)

273=Coverage/program guidelines were exceeded.

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

1=Processed as Primary