

Check Summary**Transaction Date:** October 21, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: NO-PAY-202310210004987 Payment Amount: 0.00 Check/EFT Date: 10/21/2023 Production End Cycle Date: 10/21/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: GREEN, DOROTHY**Claim Number:** 820232930451152**Claim Date:** 02/01/2023-02/01/2023 **Claim Status Code:** 1**Patient ID:** H48892708**Group / Policy:** 0Y098201**Facility Type:** 21**Claim Charge:** \$4,862.00**Patient Ctrl Nmbr:** 0.2880355**Contract Hdr:** MEDICARE ADVANTAGE HMO**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 10/20/2023**Patient Resp:** \$0.00**Original Ref Nmbr:**

Line Details											Results: 2
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
7425509966Z1	02/01/2023 - 02/01/2023				HC:95938 / 26 / 1			\$3,107.00	CO-B11	\$3,107.00	\$0.00
7425509966Z2	02/01/2023 - 02/01/2023				HC:95955 / 26 / 1			\$1,755.00	CO-B11	\$1,755.00	\$0.00

Code Descriptions**GROUP CODE(S):**

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

CLAIM STATUS CODE(S):

1=Processed as Primary