

Check Summary**Transaction Date:** October 19, 2023

TRICARE EAST PO BOX 7889 MADISON, WI 53707 WWW.HUMANAMILITARY.COM	Payee Tax ID: Payee ID: 1174916522 Check/EFT Trace Number: 4000138007 Payment Amount: 333.37 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/14/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: JIMENEZ, JESSICA**Claim Number:** 20232598011331**Claim Date:** 09/05/2023-09/05/2023 **Claim Status Code:** 1

Patient ID: 131720182 Patient Ctrl Nmbr: 0.3129210 Rendering Prvd : Original Ref Nmbr:	Group / Policy: Contract Hdr: Rendering Prv ID: 27162250889117A001	Facility Type: 22 Claim Frequency: Claim Received Date: 09/16/2023	Claim Charge: \$12,077.00 Claim Payment: \$333.37 Patient Resp: \$0.00
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Line Details **Results:** 6

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
258149888145556001	09/05/2023 - 09/05/2023	27162250889117A034 1487072245			HC:95938 / 26 / 1	N1	\$43.06 (B6)	\$3,107.00	CO-45	\$3,063.94	\$43.06
258149888145556002	09/05/2023 - 09/05/2023	27162250889117A034 1487072245			HC:51785 / 26 / 1	N1	\$90.50 (B6)	\$1,071.00	CO-45	\$980.50	\$90.50
258149888145556003	09/05/2023 - 09/05/2023	27162250889117A034 1487072245			HC:51785 / 26,XU / 1	N1	\$45.25 (B6)	\$1,071.00	CO-45	\$1,025.75	\$45.25
258149888145556004	09/05/2023 - 09/05/2023	27162250889117A034 1487072245			HC:95861 / 26,XU / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28
258149888145556005	09/05/2023 - 09/05/2023	27162250889117A034 1487072245			HC:95861 / 26,XU / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28
258149888145556006	09/05/2023 - 09/05/2023	27162250889117A034 1487072245			HC:95999 // 2			\$3,600.00	CO-4	\$3,600.00	\$0.00

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

Payer: TRICARE EAST	Check/EFT Trace Number: 4000138007	Check/EFT Date: 10/19/2023	Total Paid: \$333.37
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REMARK CODE(S):

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

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)
4=The procedure code is inconsistent with the modifier used. 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