

Check Summary**Transaction Date:** October 11, 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: 117661901231012 Payment Amount: 46.24 Check/EFT Date: 10/11/2023 Production End Cycle Date: 10/11/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: COWDEN, PAULA**Claim Number:** 820232830010105**Claim Date:** 11/21/2022-11/21/2022 **Claim Status Code:** 2**Patient ID:** H78524807 00**Group / Policy:** 0R368602**Facility Type:** 21**Claim Charge:** \$13,419.00**Patient Ctrl Nmbr:** 0.2797743**Contract Hdr:** MEDICARE SUPPLEMENT**Claim Frequency:** 1**Claim Payment:** \$46.24**Rendering Prvd:** MCAULIFFE, MATTHEW**Rendering Prv ID:****Claim Received Date:** 10/09/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details****Results:** 13

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
198115843633556004	11/21/2022 - 11/21/2022				HC:95885 / 26,XU / 2		\$7.55 (B6)	\$7.55			\$7.55
	11/21/2022 - 11/21/2022				HC:95885 / 26,XU / 2			\$1,128.86	CO-45	\$1,128.86	\$0.00
	11/21/2022 - 11/21/2022				HC:95885 / 26,XU / 2			\$29.59	OA-23	\$29.59	\$0.00
198115843633556003	11/21/2022 - 11/21/2022				HC:95885 / 26 / 2		\$7.55 (B6)	\$7.55			\$7.55
	11/21/2022 - 11/21/2022				HC:95885 / 26 / 2			\$1,128.86	CO-45	\$1,128.86	\$0.00
	11/21/2022 - 11/21/2022				HC:95885 / 26 / 2			\$29.59	OA-23	\$29.59	\$0.00
198115843633556002	11/21/2022 - 11/21/2022				HC:95910 / 26 / 1		\$21.81 (B6)	\$21.81			\$21.81
	11/21/2022 - 11/21/2022				HC:95910 / 26 / 1			\$672.69	CO-45	\$672.69	\$0.00

Payer: HUMANA INC.	Check/EFT Trace Number: 117661901231012	Check/EFT Date: 10/11/2023	Total Paid: \$46.24
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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
	11/21/2022 - 11/21/2022				HC:95910 / 26 / 1			\$85.50	OA-23	\$85.50	\$0.00
198115843633556001	11/21/2022 - 11/21/2022				HC:95938 / 26 / 1		\$9.33 (B6)	\$9.33			\$9.33
	11/21/2022 - 11/21/2022				HC:95938 / 26 / 1			\$3,061.09	CO-45	\$3,061.09	\$0.00
	11/21/2022 - 11/21/2022				HC:95938 / 26 / 1			\$36.58	OA-23	\$36.58	\$0.00
198115843633556005	11/21/2022 - 11/21/2022				HC:95999 // 4			\$7,200.00	CO-45	\$7,200.00	\$0.00

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

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)

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

CLAIM STATUS CODE(S):

2=Processed as Secondary