

**Check Summary****Transaction Date:** October 23, 2023

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	9811 W CHARLESTON BLVD STE 2 641
	<b>Check/EFT Trace Number:</b>	9975165780		LAS VEGAS, NV 89117
	<b>Payment Amount:</b>	86.59		
	<b>Check/EFT Date:</b>	10/23/2023		
	<b>Production End Cycle Date:</b>	10/18/2023		

**Patient Name:** CATCHINGS, DIANE M**Claim Number:** 278620472021**Claim Date:** 06/24/2022-06/24/2022 **Claim Status Code:** 22

<b>Patient ID:</b> 32041346111	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$-17,090.00
<b>Patient Ctrl Nmbr:</b> 0.2614063	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$-20.96
<b>Rendering Prvd:</b> DEJESUS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>				

**Line Details** **Results:** 5

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
265948133710556001	06/24/2022 - 06/24/2022				HC:95822 / 26 / 0			\$-1,755.00	OA-23	\$-1,743.33	\$-11.67
265948133710556002	06/24/2022 - 06/24/2022				HC:95938 / 26 / 0			\$-3,107.00	OA-23	\$-3,097.71	\$-9.29
265948133710556003	06/24/2022 - 06/24/2022				HC:95861 / 26 / 0			\$-1,614.00	PR-204	\$-1,614.00	\$0.00
265948133710556004	06/24/2022 - 06/24/2022				HC:95861 / 26,XU / 0			\$-1,614.00	PR-204	\$-1,614.00	\$0.00
265948133710556005	06/24/2022 - 06/24/2022				HC:95999 // 0			\$-9,000.00	PR-204	\$-9,000.00	\$0.00

**Patient Name:** CATCHINGS, DIANE**Claim Number:** 377609431601**Claim Date:** 06/24/2022-06/24/2023 **Claim Status Code:** 2

<b>Patient ID:</b> 32041346111	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$17,090.00
<b>Patient Ctrl Nmbr:</b> 2374524	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b>	\$87.30
<b>Rendering Prvd:</b> DE JESUS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/03/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b> 278620472021				

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9975165780	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$86.59
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**Line Details** **Results: 5**

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
000001	06/24/2022 - 06/24/2022				HC:95822 / 26 / 0		\$58.35 (B6)	\$1,755.00	OA-23	\$1,743.33	\$11.67
000002	06/24/2023 - 06/24/2023				HC:95938 / 26 / 0		\$46.47 (B6)	\$3,107.00	OA-23	\$3,097.71	\$9.29
000003	06/24/2023 - 06/24/2023				HC:95861 / 26 / 0		\$83.37 (B6)	\$1,614.00	OA-23	\$1,597.33	\$16.67
000004	06/24/2023 - 06/24/2023				HC:95861 / 26,XU / 0		\$83.37 (B6)	\$1,614.00	OA-23	\$1,597.33	\$16.67
000005	06/24/2023 - 06/24/2023				HC:95999 / / 0		\$165.00 (B6)	\$9,000.00	OA-23	\$8,967.00	\$33.00

Supplemental Information - AMT/Payer Codes: \$436.56 (AU)

<b>Patient Name:</b> JIMERSON, CHRISTINE M	<b>Claim Number:</b> 378348399051	<b>Claim Date:</b> 07/12/2023-07/12/2023	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 31598271111	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$4,862.00
<b>Patient Ctrl Nmbr:</b> 0.3069768	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$20.25
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/10/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
268154782275556001	07/12/2023 - 07/12/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
268154782275556002	07/12/2023 - 07/12/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97

Supplemental Information - AMT/Payer Codes: \$101.25 (AU)

**Code Descriptions**

**AMT CODE(S):**

B6=Allowed - Actual

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9975165780	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$86.59
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**AMT CODE(S):**

AU=Coverage Amount

**GROUP CODE(S):**

OA=Other Adjustments

PR=Patient Responsibility

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

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

204=This service/equipment/drug is not covered under the patient's current benefit plan

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

2=Processed as Secondary