

## Check Summary

Transaction Date: October 18, 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> 118218317231019 <b>Payment Amount:</b> 249.76 <b>Check/EFT Date:</b> 10/18/2023 <b>Production End Cycle Date:</b> 10/18/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: HERRERA MOCTEZUMA, ANA Claim Number: 820232691933863

Claim Date: 11/11/2022-11/11/2022 Claim Status Code: 1

Patient ID: H75370844	Group / Policy: 0Y098201	Facility Type: 22	Claim Charge:	\$8,810.00
Patient Ctrl Nmbr: 0.2785074	Contract Hdr: MEDICARE ADVANTAGE HMO	Claim Frequency: 1	Claim Payment:	\$249.76
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp:	\$0.00
Original Ref Nmbr:				

## Line Details

Results: 7

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
7339089984Z5	11/11/2022 - 11/11/2022				HC:95999 // 2			\$0.00	OA-94 CO-222	\$-3,600.00 \$3,600.00	\$0.00
	11/11/2022 - 11/11/2022				HC:95999 // 1			\$1,800.00	CO-222	\$1,800.00	\$0.00
	11/11/2022 - 11/11/2022				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7339089984Z4	11/11/2022 - 11/11/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7339089984Z1	11/11/2022 - 11/11/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	CO-253 CO-45	\$1.17 \$1,696.41	\$57.42
7339089984Z2	11/11/2022 - 11/11/2022				HC:95926 / 26 / 1		\$28.37 (B6)	\$227.00	CO-253 CO-45	\$0.57 \$198.63	\$27.80
7339089984Z3	11/11/2022 - 11/11/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

## Code Descriptions

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 118218317231019	<b>Check/EFT Date:</b> 10/18/2023	<b>Total Paid:</b> \$249.76
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**REMARK CODE(S):**

N19=Procedure code incidental to primary procedure.

**AMT CODE(S):**

B6=Allowed - Actual

**GROUP CODE(S):**

OA=Other Adjustments

CO=Contractual Obligations

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

94=Processed in Excess of charges.

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.

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)

**CLAIM STATUS CODE(S):**

1=Processed as Primary