

Check Summary**Transaction Date:** October 11, 2023

AMERIGROUP TEXAS, INC. PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 3223166685 Payment Amount: 104.43 Check/EFT Date: 10/11/2023 Production End Cycle Date: 10/10/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: AYALA, MARGARITA**Claim Number:** 255467164400493**Claim Date:** 12/16/2022-12/16/2022 **Claim Status Code:** 1

Patient ID: 720797281	Group / Policy: TXMMP000	Facility Type: 22	Claim Charge: \$10,342.00
Patient Ctrl Nmbr: 0.2830023	Contract Hdr: TX DUAL (MEDICARE/MEDICA	Claim Frequency: 1	Claim Payment: \$104.43
Rendering Prvd: DE JESUS, MARIA	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$4,000.00
Original Ref Nmbr:			

Line Details **Results: 4**

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
7370879689Z1	12/16/2022 - 12/16/2022				HC:95955 / 26 / 1	N381	\$44.38 (B6)	\$2,436.00	CO-45 CO-253	\$2,391.62 \$0.89	\$43.49
7370879689Z2	12/16/2022 - 12/16/2022				HC:95865 / 26 / 1		\$60.94 (B6)	\$1,953.00	CO-45	\$1,892.06	\$60.94
7370879689Z3	12/16/2022 - 12/16/2022				HC:95865 / 26,XU / 0	N56		\$1,953.00	CO-96	\$1,953.00	\$0.00
7370879689Z4	12/16/2022 - 12/16/2022				HC:95999 // 0	N448		\$4,000.00	PR-256	\$4,000.00	\$0.00

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

N381=Consult our contractual agreement for restrictions/billing/payment information related to these charges.

N448=This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.

N56=Procedure code billed is not correct/valid for the services billed or the date of service billed.

AMT CODE(S):

Payer: AMERIGROUP TEXAS, INC.	Check/EFT Trace Number: 3223166685	Check/EFT Date: 10/11/2023	Total Paid: \$104.43
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AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

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)

253=Sequestration - reduction in federal payment

96=Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

256=Service not payable per managed care contract.

CLAIM STATUS CODE(S):

1=Processed as Primary