

Check Summary**Transaction Date:** October 18, 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: NO-PAY-202310180008122 Payment Amount: 0.00 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/18/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: WEBB, CLYDE**Claim Number:** 820232840023390**Claim Date:** 01/16/2023-01/16/2023 **Claim Status Code:** 1**Patient ID:** H77579801**Group / Policy:** 0Y960901**Facility Type:** 11**Claim Charge:** \$0.00**Patient Ctrl Nmbr:** 0.2860042**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** MONITORING ASSOCIATES, **Rendering Prv ID:****Claim Received Date:** 10/10/2023**Patient Resp:** \$0.00**Original Ref Nmbr:**

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
	01/16/2023 - 01/16/2023				HC:95999 // 2			\$0.00			\$0.00
	01/16/2023 - 01/16/2023				HC:95999 // 1			\$0.00			\$0.00

Code Descriptions**CLAIM STATUS CODE(S):**

1=Processed as Primary