

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

TRICARE EAST PO BOX 7889 MADISON, WI 53707 WWW.HUMANAMILITARY.COM	<b>Payee Tax ID:</b> <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 2229404962 <b>Payment Amount:</b> 537.92 <b>Check/EFT Date:</b> 10/23/2023 <b>Production End Cycle Date:</b> 10/18/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> PO BOX 29650 PHOENIX, AZ 85038
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**Provider Adjustments**

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	INTEREST PAYMENT	\$0.73

**Patient Name:** HARPER, PATRICIA L**Claim Number:** 20232518030729**Claim Date:** 07/21/2023-07/21/2023 **Claim Status Code:** 1**Patient ID:** 259253077**Group / Policy:****Facility Type:** 22**Claim Charge:** \$20,612.00**Patient Ctrl Nmbr:** 0.3081138**Contract Hdr:****Claim Frequency:****Claim Payment:** \$537.19**Rendering Prvd :****Rendering Prv ID:** 27162250889117B001**Claim Received Date:** 09/08/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details** **Results: 10**

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
250144915986556001	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95939 / 26 / 1	N1	\$112.53 (B6)	\$3,814.00	CO-45	\$3,701.47	\$112.53
250144915986556002	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95822 / 26,XU / 1	N1	\$54.09 (B6)	\$1,755.00	CO-45	\$1,700.91	\$54.09
250144915986556003	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95938 / 26 / 1	N1	\$43.06 (B6)	\$3,107.00	CO-45	\$3,063.94	\$43.06
250144915986556004	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:51785 / 26 / 1	N1	\$90.50 (B6)	\$1,071.00	CO-45	\$980.50	\$90.50
250144915986556005	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:51785 / 26,XU / 1	N1	\$45.25 (B6)	\$1,071.00	CO-45	\$1,025.75	\$45.25
250144915986556006	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95861 / 26,XU / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28

<b>Payer:</b> TRICARE EAST	<b>Check/EFT Trace Number:</b> 2229404962	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$537.92
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Line Details										Results: 10	
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
250144915986556007	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95861 / 26,XU / 1	N1	\$77.28 (B6)	\$1,614.00	CO-45	\$1,536.72	\$77.28
250144915986556008	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95870 / 26,XU / 1	N1	\$18.60 (B6)	\$583.00	CO-45	\$564.40	\$18.60
250144915986556009	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95870 / 26,XU / 1	N1	\$18.60 (B6)	\$583.00	CO-45	\$564.40	\$18.60
250144915986556010	07/21/2023 - 07/21/2023	27162250889117B029 1912298423			HC:95999 // 3			\$5,400.00	CO-4	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.73 (I)

#### Code Descriptions

##### REMARK CODE(S):

L6=Interest Owed

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

##### AMT CODE(S):

B6=Allowed - Actual

I=Interest

##### GROUP CODE(S):

CO=Contractual Obligations

##### 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)

4=The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

##### CLAIM STATUS CODE(S):

1=Processed as Primary