Check Summary   **Transaction Date:** October 17, 2023

TRICARE EAST PO BOX 7889 MADISON, WI 53707 WWW.HUMANAMILITARY.COM	**Payee Tax ID:** **Payee ID:** 1174916522 **Check/EFT Trace Number:** 4000111156 **Payment Amount:** 93.06 **Check/EFT Date:** 10/17/2023 **Production End Cycle Date:** 10/12/2023	**Payee Name:** **Payee Address:**	MONITORING ASSOCIATES PO BOX 29650 PHOENIX, AZ 85038

Patient Name: NIPPER, JOSHUA J   **Claim Number:** 20232858033018   **Claim Date:** 08/21/2023-08/21/2023   **Claim Status Code:** 1

Patient ID: 34686847	**Group** / **Policy:**	**Facility Type:** 21	**Claim Charge:** $4,862.00
Patient Ctrl Nmbr: 0.3113342	**Contract Hdr:**	**Claim Frequency:**	**Claim Payment:** $93.06
Rendering Prvd: ,	**Rendering Prv ID:** 27162250889117B001	**Claim Received Date:** 10/12/2023	**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
284164343820556001	08/21/2023 - 08/21/2023	27162250889117B027 1336176387			HC:95938 / 26 / 1	N1	$42.75 (B6)	$3,107.00	CO-45	$3,064.25	$42.75
284164343820556002	08/21/2023 - 08/21/2023	27162250889117B027 1336176387			HC:95955 / 26 / 1	N1	$50.31 (B6)	$1,755.00	CO-45	$1,704.69	$50.31

Code Descriptions

REMARK CODE(S):

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

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

Payer: TRICARE EAST	**Check/EFT Trace Number:** 4000111156	**Check/EFT Date:** 10/17/2023	**Total Paid:** $93.06

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)

CLAIM STATUS CODE(S):

1=Processed as Primary