

**Check Summary****Transaction Date:** October 26, 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> 118824889231027 <b>Payment Amount:</b> 583.69 <b>Check/EFT Date:</b> 10/26/2023 <b>Production End Cycle Date:</b> 10/26/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** THOMPSON, RENATE**Claim Number:** 820232840023418**Claim Date:** 01/12/2023-01/12/2023 **Claim Status Code:** 1

<b>Patient ID:</b> H56932868	<b>Group / Policy:</b> 0X166301	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$25,910.00
<b>Patient Ctrl Nmbr:</b> 0.2857788	<b>Contract Hdr:</b> MEDICARE ADVANTAGE PPO	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$583.69
<b>Rendering Prvd:</b> FILE, SIGNATURE ON	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/10/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
7390040272Z10	01/12/2023 - 01/12/2023				HC:95999 // 4	N19		\$7,200.00	CO-97	\$7,200.00	\$0.00
7390040272Z1	01/12/2023 - 01/12/2023				HC:95939 / 26 / 1		\$117.24 (B6)	\$3,814.00	CO-253 CO-45	\$2.34 \$3,696.76	\$114.90
7390040272Z2	01/12/2023 - 01/12/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7390040272Z3	01/12/2023 - 01/12/2023				HC:95955 / 26,XU / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61
7390040272Z4	01/12/2023 - 01/12/2023				HC:51785 / 26 / 1		\$94.82 (B6)	\$1,071.00	CO-253 CO-45	\$1.90 \$976.18	\$92.92
7390040272Z5	01/12/2023 - 01/12/2023				HC:51785 / 26,XU / 1		\$47.41 (B6)	\$1,071.00	CO-253 CO-45	\$0.95 \$1,023.59	\$46.46
7390040272Z6	01/12/2023 - 01/12/2023				HC:95861 / 26,XU / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94
7390040272Z7	01/12/2023 - 01/12/2023				HC:95861 / 26,XU / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 118824889231027	<b>Check/EFT Date:</b> 10/26/2023	<b>Total Paid:</b> \$583.69
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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
7390040272Z8	01/12/2023 - 01/12/2023				HC:95870 / 26,XU / 2		\$38.76 (B6)	\$2,332.00	CO-253 CO-45	\$0.78 \$2,293.24	\$37.98
7390040272Z9	01/12/2023 - 01/12/2023				HC:95870 / 26,XU / 2		\$38.76 (B6)	\$2,332.00	CO-253 CO-45	\$0.78 \$2,293.24	\$37.98

#### Code Descriptions

##### REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

CO=Contractual Obligations

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

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