

Check Summary

Transaction Date: October 27, 2023

TRICARE EAST PO BOX 7889 MADISON, WI 53707 WWW.HUMANAMILITARY.COM	Payee Tax ID: Payee ID: 1174916522 Check/EFT Trace Number: 2229529024 Payment Amount: 255.81 Check/EFT Date: 10/27/2023 Production End Cycle Date: 10/24/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PO BOX 29650 PHOENIX, AZ 85038
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	INTEREST PAYMENT	\$0.21

Patient Name: MIHALIK, JOSEPH M

Claim Number: 20232618090103

Claim Date: 09/07/2023-09/07/2023 Claim Status Code: 1

Patient ID: 058728507

Group / Policy:

Facility Type: 22

Claim Charge: \$13,490.00

Patient Ctrl Nmbr: 0.3133493

Contract Hdr:

Claim Frequency:

Claim Payment: \$255.60

Rendering Prvd: ,

Rendering Prv ID: 27162250889117B001

Claim Received Date: 09/18/2023

Patient Resp: \$0.00

Original Ref Nmbr:

Line Details

Results: 5

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
261150615994556001	09/07/2023 - 09/07/2023	27162250889117B027 1336176387			HC:95822 / 26 / 1	N1	\$55.01 (B6)	\$1,755.00	CO-45	\$1,699.99	\$55.01
261150615994556002	09/07/2023 - 09/07/2023	27162250889117B027 1336176387			HC:95938 / 26 / 1	N1	\$43.69 (B6)	\$3,107.00	CO-45	\$3,063.31	\$43.69
261150615994556003	09/07/2023 - 09/07/2023	27162250889117B027 1336176387			HC:95861 / 26 / 1	N1	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
261150615994556004	09/07/2023 - 09/07/2023	27162250889117B027 1336176387			HC:95861 / 26,XU / 1	N1	\$78.45 (B6)	\$1,614.00	CO-45	\$1,535.55	\$78.45
261150615994556005	09/07/2023 - 09/07/2023	27162250889117B027 1336176387			HC:95999 / 3			\$5,400.00	CO-4	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.21 (I)

Payer: TRICARE EAST	Check/EFT Trace Number: 2229529024	Check/EFT Date: 10/27/2023	Total Paid: \$255.81
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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