

Check Summary**Transaction Date:** October 26, 2023

AMERIGROUP TEXAS, INC. PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 3224473230 Payment Amount: 78.11 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/25/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: SOHAL, CHARAN**Claim Number:** 256425026300121**Claim Date:** 09/18/2023-09/18/2023 **Claim Status Code:** 1

Patient ID: 727363764	Group / Policy: TXMMP000	Facility Type: 21	Claim Charge: \$9,379.00
Patient Ctrl Nmbr: 0.3144884	Contract Hdr: TX DUAL (MEDICARE/MEDICA	Claim Frequency: 1	Claim Payment: \$78.11
Rendering Prvd: DE JESUS, MARIA	Rendering Prv ID:	Claim Received Date: 10/18/2023	Patient Resp: \$4,000.00
Original Ref Nmbr:			

Line Details **Results: 3**

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
7417160703Z1	09/18/2023 - 09/18/2023				HC:95938 / 26 / 1	N381	\$36.67 (B6)	\$2,943.00	CO-45 CO-253	\$2,906.33 \$0.73	\$35.94
7417160703Z2	09/18/2023 - 09/18/2023				HC:95955 / 26 / 1	N381	\$43.03 (B6)	\$2,436.00	CO-45 CO-253	\$2,392.97 \$0.86	\$42.17
7417160703Z3	09/18/2023 - 09/18/2023				HC:95999 // 0	N448		\$4,000.00	PR-256	\$4,000.00	\$0.00

Code Descriptions**REMARK CODE(S):**

N381=Consult our contractual agreement for restrictions/billing/payment information related to these charges.

N448=This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

Payer: AMERIGROUP TEXAS, INC.	Check/EFT Trace Number: 3224473230	Check/EFT Date: 10/26/2023	Total Paid: \$78.11
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GROUP CODE(S):

PR=Patient Responsibility

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)

253=Sequestration - reduction in federal payment

256=Service not payable per managed care contract.

CLAIM STATUS CODE(S):

1=Processed as Primary