

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

UNITEDHEALTHCARE MISSISSIPPI PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23287B1000254524 Payment Amount: 160.34 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/12/2023	Payee Name: MONITORING ASSOCIATES Payee Address: 9811 W CHARLESTON BLVD STE 2 641 LAS VEGAS, NV 89117
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Patient Name: STALLWORTH, TAMMY G**Claim Number:** 23N369476000**Claim Date:** 11/03/2022-11/03/2022 **Claim Status Code:** 22

Patient ID: 11989290200	Group / Policy:	Facility Type: 22	Claim Charge: \$-24,728.00
Patient Ctrl Nmbr: 0.2773438	Contract Hdr: MS UNITEDHEALTHCARE	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY R	DUAL COMPLETE	Claim Received Date: 09/15/2023	Patient Resp: \$0.00
Original Ref Nmbr:	Rendering Prv ID:		

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
7285528494Z1	11/03/2022 - 11/03/2022				HC:95939 / 26 / 1	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
7285528494Z2	11/03/2022 - 11/03/2022				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
7285528494Z3	11/03/2022 - 11/03/2022				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
7285528494Z4	11/03/2022 - 11/03/2022				HC:95861 / 26 / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7285528494Z5	11/03/2022 - 11/03/2022				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7285528494Z6	11/03/2022 - 11/03/2022				HC:95865 / 26 / 1	M127		\$-1,502.00	CO-252	\$-1,502.00	\$0.00
7285528494Z7	11/03/2022 - 11/03/2022				HC:95865 / 26,XU / 1	M127		\$-1,502.00	CO-252	\$-1,502.00	\$0.00
7285528494Z8	11/03/2022 - 11/03/2022				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00

Payer: UNITEDHEALTHCARE	Check/EFT Trace Number: 23287B1000254524	Check/EFT Date: 10/17/2023	Total Paid: \$160.34
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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
7285528494Z9	11/03/2022 - 11/03/2022				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
7285528494Z10	11/03/2022 - 11/03/2022				HC:95999 // 4	M127		\$-7,200.00	CO-252	\$-7,200.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - M127

Patient Name: STALLWORTH, TAMMY G	Claim Number: 23N369476001	Claim Date: 11/03/2022-11/03/2022	Claim Status Code: 1
Patient ID: 11989290200	Group / Policy:	Facility Type: 22	Claim Charge: \$24,728.00
Patient Ctrl Nmbr: 0.2773438	Contract Hdr: MS UNITEDHEALTHCARE	Claim Frequency: 1	Claim Payment: \$160.34
Rendering Prvd: NATH, AUDREY R	DUAL COMPLETE	Claim Received Date: 09/15/2023	Patient Resp: \$40.91
Original Ref Nmbr:	Rendering Prv ID:		

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
7285528494Z1	11/03/2022 - 11/03/2022				HC:95939 / 26 / 1		\$109.70 (B6)	\$3,814.00	CO-216 CO-253 PR-2	\$3,704.30 \$1.76 \$21.94	\$86.00
7285528494Z2	11/03/2022 - 11/03/2022				HC:95822 / 26 / 1		\$52.78 (B6)	\$1,755.00	CO-216 CO-253 PR-2	\$1,702.22 \$0.84 \$10.56	\$41.38
7285528494Z3	11/03/2022 - 11/03/2022				HC:95938 / 26 / 1		\$42.04 (B6)	\$3,107.00	PR-2 CO-216 CO-253	\$8.41 \$3,064.96 \$0.67	\$32.96
7285528494Z4	11/03/2022 - 11/03/2022				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7285528494Z5	11/03/2022 - 11/03/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7285528494Z6	11/03/2022 - 11/03/2022				HC:95865 / 26 / 1			\$1,502.00	CO-151	\$1,502.00	\$0.00

Payer: UNITEDHEALTHCARE	Check/EFT Trace Number: 23287B1000254524	Check/EFT Date: 10/17/2023	Total Paid: \$160.34
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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
7285528494Z7	11/03/2022 - 11/03/2022				HC:95865 / 26,XU / 1			\$1,502.00	CO-151	\$1,502.00	\$0.00
7285528494Z8	11/03/2022 - 11/03/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7285528494Z9	11/03/2022 - 11/03/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7285528494Z10	11/03/2022 - 11/03/2022				HC:95999 // 4	N657		\$7,200.00	CO-189	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$204.52 (AU)

Medicare Outpatient Adjudication Information:Remark Codes - N657

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N657=This should be billed with the appropriate code for these services.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

252=An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

216=Based on the findings of a review organization

253=Sequestration - reduction in federal payment

2=Coinsurance Amount

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

189='Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service

Payer: UNITEDHEALTHCARE	Check/EFT Trace Number: 23287B1000254524	Check/EFT Date: 10/17/2023	Total Paid: \$160.34
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CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary