

Check Summary
Transaction Date: October 13, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: NO-PAY-202310130006800 Payment Amount: 0.00 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/13/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: ROMERO PINA, RUBEN

Claim Number: 820232850005336

Claim Date: 01/16/2023-01/16/2023 **Claim Status Code:** 1

Patient ID: H73514152

Group / Policy: 0Y098201

Facility Type: 21

Claim Charge: \$11,056.00

Patient Ctrl Nmbr: 0.2860903

Contract Hdr: MEDICARE ADVANTAGE HMO

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: FILE, SIGNATURE ON

Rendering Prv ID:
Claim Received Date: 10/11/2023

Patient Resp: \$0.00

Original Ref Nmbr:
Line Details **Results:** 7

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
7394639339Z1	01/16/2023 - 01/16/2023				HC:95938 / 26 / 1			\$3,107.00	CO-B11	\$3,107.00	\$0.00
7394639339Z2	01/16/2023 - 01/16/2023				HC:95955 / 26 / 1			\$1,755.00	CO-B11	\$1,755.00	\$0.00
7394639339Z3	01/16/2023 - 01/16/2023				HC:95861 / 26 / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00
7394639339Z4	01/16/2023 - 01/16/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-B11	\$1,614.00	\$0.00
7394639339Z5	01/16/2023 - 01/16/2023				HC:95870 / 26,XU / 1			\$583.00	CO-B11	\$583.00	\$0.00
7394639339Z6	01/16/2023 - 01/16/2023				HC:95870 / 26,XU / 1			\$583.00	CO-B11	\$583.00	\$0.00
7394639339Z7	01/16/2023 - 01/16/2023				HC:95999 / / 1			\$1,800.00	CO-B11	\$1,800.00	\$0.00

Code Descriptions

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-202310130006800	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

B11=The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

CLAIM STATUS CODE(S):

1=Processed as Primary