

Check Summary**Transaction Date:** October 18, 2023

AETNA 151 FARMINGTON AVENUE HARTFORD, CT 06156	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 882328601012359 Payment Amount: 977.32 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/14/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: BLOEDORN, EDWARD**Claim Number:** EDFC8HHXN0003**Claim Date:** 01/04/2023-01/04/2023 **Claim Status Code:** 1

Patient ID: 101381031200	Group / Policy: 000003-WI000001	Facility Type: 22	Claim Charge: \$13,179.00
Patient Ctrl Nmbr: 0.2848552	Contract Hdr: PPO - MEDICARE (AETNA)	Claim Frequency: 1	Claim Payment: \$134.00
Rendering Prvd: MOORE, OMAR JI	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$126.29
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
7358531920Z1	01/04/2023 - 01/04/2023				HC:95938 / 26 / 1	N807	\$43.78 (B6)	\$2,943.00	CO-253 CO-45 PR-2	\$0.44 \$2,899.22 \$21.89	\$21.45
7358531920Z2	01/04/2023 - 01/04/2023				HC:95955 / 26 / 1	N807	\$51.56 (B6)	\$2,436.00	CO-161 CO-253 CO-45 PR-2	\$-2.53 \$0.52 \$2,384.44 \$25.78	\$27.79
7358531920Z3	01/04/2023 - 01/04/2023				HC:95861 / 26 / 1	N807	\$78.63 (B6)	\$1,200.00	CO-161 CO-253 CO-45 PR-2	\$-3.85 \$0.79 \$1,121.37 \$39.31	\$42.38
7358531920Z4	01/04/2023 - 01/04/2023				HC:95861 / 26,XU / 1	N807	\$78.63 (B6)	\$1,200.00	CO-161 CO-253 CO-45 PR-2	\$-3.85 \$0.79 \$1,121.37 \$39.31	\$42.38
7358531920Z5	01/04/2023 - 01/04/2023				HC:95999 / / 0	M127		\$5,400.00	PI-252	\$5,400.00	\$0.00

Payer: AETNA	Check/EFT Trace Number: 882328601012359	Check/EFT Date: 10/18/2023	Total Paid: \$977.32
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Supplemental Information - AMT/Payer Codes: \$7,779.00 (AU)

Patient Name: BURKS, CAROLYN	Claim Number: EDY18JJ6S0003	Claim Date: 12/29/2022-12/29/2022	Claim Status Code: 1
Patient ID: 101344775000	Group / Policy: 100112-01EG0002	Facility Type: 21	Claim Charge: \$19,245.00
Patient Ctrl Nmbr: 0.2842478	Contract Hdr: PPO - MEDICARE (AETNA)	Claim Frequency: 1	Claim Payment: \$371.33
Rendering Prvd: HSU, ANDREW CH	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 6
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
7384854670Z1	12/29/2022 - 12/29/2022				HC:95939 / 26 / 1	N807	\$118.11 (B6)	\$3,107.00	CO-253 CO-45	\$2.36 \$2,988.89	\$115.75
7384854670Z2	12/29/2022 - 12/29/2022				HC:95938 / 26 / 1	N807	\$45.24 (B6)	\$3,814.00	CO-253 CO-45	\$0.90 \$3,768.76	\$44.34
7384854670Z3	12/29/2022 - 12/29/2022				HC:95955 / 26 / 1	N807	\$53.16 (B6)	\$1,755.00	CO-253 CO-45	\$1.06 \$1,701.84	\$52.10
7384854670Z4	12/29/2022 - 12/29/2022				HC:95861 / 26 / 1	N807	\$81.19 (B6)	\$1,755.00	CO-253 CO-45	\$1.62 \$1,673.81	\$79.57
7384854670Z5	12/29/2022 - 12/29/2022				HC:95861 / 26,XU / 1	N807	\$81.19 (B6)	\$1,614.00	CO-253 CO-45	\$1.62 \$1,532.81	\$79.57
7384854670Z6	12/29/2022 - 12/29/2022				HC:95999 / / 0	M127		\$7,200.00	PI-252	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$12,045.00 (AU)

Patient Name: LOVE, DAWN	Claim Number: EZAC6Z9NL0004	Claim Date: 01/13/2023-01/13/2023	Claim Status Code: 1
Patient ID: 101516815400	Group / Policy: 000003-NV000012	Facility Type: 22	Claim Charge: \$17,523.00
Patient Ctrl Nmbr: 0.2858856	Contract Hdr: VBID DSNP DIRECT ACCESS	Claim Frequency: 1	Claim Payment: \$272.78
Rendering Prvd: BURNS, JONATHAN D	HMO - MEDICARE (AETNA)	Claim Received Date: 10/11/2023	Patient Resp: \$66.21
Original Ref Nmbr:	Rendering Prv ID:		

Line Details											Results: 6
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

Payer: AETNA	Check/EFT Trace Number: 882328601012359	Check/EFT Date: 10/18/2023	Total Paid: \$977.32
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Line Details											Results: 6
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
7390195987Z1	01/13/2023 - 01/13/2023				HC:95939 / 26 / 1	N782	\$117.24 (B6)	\$3,814.00	CO-253 CO-45 PR-2	\$1.88 \$3,696.76 \$23.45	\$91.91
7390195987Z2	01/13/2023 - 01/13/2023				HC:95938 / 26 / 1	N782	\$44.86 (B6)	\$3,107.00	CO-253 CO-45 PR-2	\$0.72 \$3,062.14 \$8.97	\$35.17
7390195987Z3	01/13/2023 - 01/13/2023				HC:95955 / 26 / 1	N782	\$52.66 (B6)	\$1,755.00	CO-161 CO-253 CO-45 PR-2	-\$4.13 \$0.84 \$1,702.34 \$10.53	\$45.42
7390195987Z4	01/13/2023 - 01/13/2023				HC:95870 / 26 / 3	N782	\$58.14 (B6)	\$3,498.00	CO-161 CO-253 CO-45 PR-2	-\$4.56 \$0.93 \$3,439.86 \$11.63	\$50.14
7390195987Z5	01/13/2023 - 01/13/2023				HC:95870 / 26,XU / 3	N782	\$58.14 (B6)	\$1,749.00	CO-161 CO-253 CO-45 PR-2	-\$4.56 \$0.93 \$1,690.86 \$11.63	\$50.14
7390195987Z6	01/13/2023 - 01/13/2023				HC:95999 // 0	M127		\$3,600.00	PI-252	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$13,923.00 (AU)

Patient Name: SULLO, ENNIO	Claim Number: EQTX8J1QG0003	Claim Date: 12/15/2022-12/15/2022	Claim Status Code: 1
Patient ID: 101265542400	Group / Policy: 000003-IL000008	Facility Type: 21	Claim Charge: \$6,949.00
Patient Ctrl Nmbr: 0.2828853	Contract Hdr: PPO - MEDICARE (AETNA)	Claim Frequency: 1	Claim Payment: \$199.21
Rendering Prvd: THOMAS, GEORGE P.	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 4
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

Payer: AETNA	Check/EFT Trace Number: 882328601012359	Check/EFT Date: 10/18/2023	Total Paid: \$977.32
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Line Details											Results: 4
Line Ctrl Nbr	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
7369959476Z1	12/15/2022 - 12/15/2022				HC:95822 / 26 / 1	N807	\$61.12 (B6)	\$1,755.00	CO-253 CO-45	\$1.22 \$1,693.88	\$59.90
7369959476Z2	12/15/2022 - 12/15/2022				HC:95938 / 26 / 1	N807	\$48.68 (B6)	\$3,107.00	CO-253 CO-45	\$0.97 \$3,058.32	\$47.71
7369959476Z3	12/15/2022 - 12/15/2022				HC:92653 // 1	N807	\$93.47 (B6)	\$287.00	CO-253 CO-45	\$1.87 \$193.53	\$91.60
7369959476Z4	12/15/2022 - 12/15/2022				HC:95999 // 0	M127		\$1,800.00	PI-252	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$5,149.00 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N782=Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.

N807=Payment adjustment based on the Merit-based Incentive Payment System (MIPS).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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)

2=Coinsurance Amount

161=Provider performance bonus

Payer: AETNA	Check/EFT Trace Number: 882328601012359	Check/EFT Date: 10/18/2023	Total Paid: \$977.32
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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).

CLAIM STATUS CODE(S):

1=Processed as Primary