

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

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	Payee Tax ID:	271622508	Payee Name:	MONITORING ASSOCIATES
	Payee ID:	1174916522	Payee Address:	9811 W CHARLESTON BLVD STE 2 641
	Check/EFT Trace Number:	9972851508		LAS VEGAS, NV 89117
	Payment Amount:	176.32		
	Check/EFT Date:	10/17/2023		
	Production End Cycle Date:	10/12/2023		

Patient Name: BAUER, DOUGLAS**Claim Number:** 376110175981**Claim Date:** 01/25/2023-01/25/2023 **Claim Status Code:** 2

Patient ID: 31128613011	Group / Policy:	Facility Type: 22	Claim Charge:	\$4,862.00
Patient Ctrl Nmbr: 0.2872005	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$20.69
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 09/18/2023	Patient Resp:	\$0.00
Original Ref Nmbr:				

Line Details**Results:** 2

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
243141527839556001	01/25/2023 - 01/25/2023				HC:95822 / 26 / 0		\$57.60 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
243141527839556002	01/25/2023 - 01/25/2023				HC:95938 / 26 / 0		\$45.84 (B6)	\$3,107.00	OA-23	\$3,097.83	\$9.17

Supplemental Information - AMT/Payer Codes: \$103.44 (AU)

Patient Name: CLARK, GARY R**Claim Number:** 377718699091**Claim Date:** 09/06/2022-09/06/2022 **Claim Status Code:** 2

Patient ID: 30820653211	Group / Policy:	Facility Type: 21	Claim Charge:	\$19,104.00
Patient Ctrl Nmbr: 0.2698322	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$45.39
Rendering Prvd: MCAULIFFE,	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp:	\$10,428.00
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
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Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9972851508	Check/EFT Date: 10/17/2023	Total Paid: \$176.32
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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
243141499405556001	09/06/2022 - 09/06/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
243141499405556002	09/06/2022 - 09/06/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
243141499405556003	09/06/2022 - 09/06/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
243141499405556004	09/06/2022 - 09/06/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
243141499405556005	09/06/2022 - 09/06/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
243141499405556006	09/06/2022 - 09/06/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$226.94 (AU)

Patient Name: DANIELS, WALTER S	Claim Number: 376618397201	Claim Date: 01/24/2023-01/24/2023	Claim Status Code: 2
Patient ID: 09496885911	Group / Policy:	Facility Type: 21	Claim Charge: \$18,124.00
Patient Ctrl Nmbr: 0.2870887	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$43.70
Rendering Prvd: BURNS,	Rendering Prv ID:	Claim Received Date: 09/23/2023	Patient Resp: \$9,448.00
Original Ref Nmbr:			

Line Details											Results: 8
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
242140756514556001	01/24/2023 - 01/24/2023				HC:95939 / 26 / 0		\$117.24 (B6)	\$3,814.00	OA-23	\$3,790.55	\$23.45
242140756514556002	01/24/2023 - 01/24/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
242140756514556003	01/24/2023 - 01/24/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9972851508	Check/EFT Date: 10/17/2023	Total Paid: \$176.32
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Line Details											Results: 8
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
242140756514556004	01/24/2023 - 01/24/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
242140756514556005	01/24/2023 - 01/24/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
242140756514556006	01/24/2023 - 01/24/2023				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
242140756514556007	01/24/2023 - 01/24/2023				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
242140756514556008	01/24/2023 - 01/24/2023				HC:95999 / / 0			\$3,600.00	PR-204	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$218.49 (AU)

Patient Name: FEATHERS, JOSEPH S	Claim Number: 376110175731	Claim Date: 11/21/2022-11/21/2022	Claim Status Code: 2
Patient ID: 05954076911	Group / Policy:	Facility Type: 21	Claim Charge: \$19,104.00
Patient Ctrl Nmbr: 0.2798345	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$45.22
Rendering Prvd: DEJESUS,	Rendering Prv ID:	Claim Received Date: 09/18/2023	Patient Resp: \$10,428.00
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
209122569667556001	11/21/2022 - 11/21/2022				HC:95939 / 26 / 0		\$121.31 (B6)	\$3,814.00	OA-23	\$3,789.74	\$24.26
209122569667556002	11/21/2022 - 11/21/2022				HC:95822 / 26 / 0		\$58.35 (B6)	\$1,755.00	OA-23	\$1,743.33	\$11.67
209122569667556003	11/21/2022 - 11/21/2022				HC:95938 / 26 / 0		\$46.47 (B6)	\$3,107.00	OA-23	\$3,097.71	\$9.29
209122569667556004	11/21/2022 - 11/21/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00

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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
209122569667556005	11/21/2022 - 11/21/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
209122569667556006	11/21/2022 - 11/21/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$226.13 (AU)

Patient Name: MONAGHAN, KATHLEEN	Claim Number: 376110175261	Claim Date: 11/17/2022-11/17/2022	Claim Status Code: 2
Patient ID: 33081985111	Group / Policy:	Facility Type: 22	Claim Charge: \$8,462.00
Patient Ctrl Nmbr: 0.2793284	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$21.32
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 09/18/2023	Patient Resp: \$3,600.00
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
229133658208556001	11/17/2022 - 11/17/2022				HC:95822 / 26 / 0		\$59.36 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
229133658208556002	11/17/2022 - 11/17/2022				HC:95938 / 26 / 0		\$47.27 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
229133658208556003	11/17/2022 - 11/17/2022				HC:95999 // 0			\$3,600.00	PR-204	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$106.63 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments
PR=Patient Responsibility

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CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

204=This service/equipment/drug is not covered under the patient's current benefit plan

CLAIM STATUS CODE(S):

2=Processed as Secondary