

Check Summary**Transaction Date:** October 24, 2023

DEVOTED HEALTH PLAN OF TEXAS, INC. PO BOX 211524 EAGAN, MN 55121	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 724687 Payment Amount: 155.54 Check/EFT Date: 10/24/2023 Production End Cycle Date: 01/01/0001	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
--	--	---

Patient Name: MONTGOMERY, BERTHA**Claim Number:** AJXZ9KYZF7**Claim Date:** 01/31/2023-01/31/2023 **Claim Status Code:** 1**Patient ID:** D3CCE5**Group / Policy:****Facility Type:** 22**Claim Charge:** \$18,443.00**Patient Ctrl Nmbr:** 0.2879037**Contract Hdr:****Claim Frequency:** 1**Claim Payment:** \$155.54**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:****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
7422015031Z1	01/31/2023 - 01/31/2023				HC:95938 / 26 /		\$43.69 (B6)	\$3,107.00	CO-45 OA-253	\$3,063.31 \$0.87	\$42.82
7422015031Z2	01/31/2023 - 01/31/2023				HC:95955 / 26 /		\$51.35 (B6)	\$1,755.00	OA-253 CO-45	\$1.03 \$1,703.65	\$50.32
7422015031Z3	01/31/2023 - 01/31/2023				HC:95908 / 26 /		\$63.67 (B6)	\$437.00	CO-45 OA-253	\$373.33 \$1.27	\$62.40
7422015031Z4	01/31/2023 - 01/31/2023				HC:95886 / 26 / 2	N822		\$2,972.00	OA-16	\$2,972.00	\$0.00
7422015031Z5	01/31/2023 - 01/31/2023				HC:95886 / 26,XU / 2	N822		\$2,972.00	OA-16	\$2,972.00	\$0.00
7422015031Z6	01/31/2023 - 01/31/2023				HC:95999 / /	N706		\$7,200.00	OA-16	\$7,200.00	\$0.00

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

Payer: DEVOTED HEALTH PLAN OF TEXAS, INC.	Check/EFT Trace Number: 724687	Check/EFT Date: 10/24/2023	Total Paid: \$155.54
--	---------------------------------------	-----------------------------------	-----------------------------

REMARK CODE(S):

N706=Missing documentation.

N822=Missing procedure modifier(s).

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

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

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary