

Check Summary**Transaction Date:** October 13, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23284B1000069117 Payment Amount: 0.00 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/09/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Patient Name: RICHARDSON, TERI**Claim Number:** 23O503893100**Claim Date:** 12/16/2022-12/16/2022 **Claim Status Code:** 1

Patient ID: A15430411	Group / Policy:	Facility Type: 22	Claim Charge: \$13,094.18
Patient Ctrl Nmbr: 0.2829434	Contract Hdr: AZ MEDICAID -COPAY LEVEL 00	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 10/05/2023	Patient Resp: \$0.00
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
7370551957Z1	12/16/2022 - 12/16/2022				HC:95938 / 26 / 1	N290		\$3,107.00	CO-16	\$3,107.00	\$0.00
7370551957Z2	12/16/2022 - 12/16/2022				HC:95955 / 26 / 1	N290		\$1,755.00	CO-16	\$1,755.00	\$0.00
7370551957Z3	12/16/2022 - 12/16/2022				HC:95861 / 26 / 1	N290		\$1,614.00	CO-16	\$1,614.00	\$0.00
7370551957Z4	12/16/2022 - 12/16/2022				HC:95961 / 26,XU / 1	N290		\$1,218.18	CO-16	\$1,218.18	\$0.00
7370551957Z5	12/16/2022 - 12/16/2022				HC:95999 // 3	N290		\$5,400.00	CO-16	\$5,400.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - N290

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23284B1000069117	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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Patient Name: ROARK, SAMATHA M	Claim Number: 23O103624100	Claim Date: 11/11/2022-11/11/2022	Claim Status Code: 1
Patient ID: A24580038	Group / Policy:	Facility Type: 21	Claim Charge: \$16,344.00
Patient Ctrl Nmbr: 0.2785800	Contract Hdr: AZ MEDICAID -COPAY LEVEL 00	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/28/2023	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
7343231267Z1	11/11/2022 - 11/11/2022				HC:95822 / 26 / 1			\$1,755.00	PI-29	\$1,755.00	\$0.00
7343231267Z2	11/11/2022 - 11/11/2022				HC:95938 / 26 / 1			\$3,107.00	PI-29	\$3,107.00	\$0.00
7343231267Z3	11/11/2022 - 11/11/2022				HC:95907 / 26 / 1			\$138.00	PI-29	\$138.00	\$0.00
7343231267Z4	11/11/2022 - 11/11/2022				HC:95886 / 26 / 2			\$2,972.00	PI-29	\$2,972.00	\$0.00
7343231267Z5	11/11/2022 - 11/11/2022				HC:95886 / 26,XU / 2			\$2,972.00	PI-29	\$2,972.00	\$0.00
7343231267Z6	11/11/2022 - 11/11/2022				HC:95999 // 3			\$5,400.00	PI-29	\$5,400.00	\$0.00

Code Descriptions

REMARK CODE(S):

N290=Missing/incomplete/invalid rendering provider primary identifier.

GROUP CODE(S):

CO=Contractual Obligations
PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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.

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23284B1000069117	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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CLAIM ADJUSTMENT REASON CODE(S):

29=The time limit for filing has expired.

CLAIM STATUS CODE(S):

1=Processed as Primary