

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: 117811770231014 Payment Amount: 362.30 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
--	---	--

Patient Name: MORRISON, BRIAN**Claim Number:** 820232750369355**Claim Date:** 12/05/2022-12/05/2022 **Claim Status Code:** 1

Patient ID: H31735781	Group / Policy: 00A17901	Facility Type: 21	Claim Charge: \$18,561.00
Patient Ctrl Nmbr: 0.2812711	Contract Hdr: MEDICARE ADVANTAGE HMO	Claim Frequency: 1	Claim Payment: \$362.30
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/02/2023	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
7360447004Z6	12/05/2022 - 12/05/2022				HC:95999 // 4	N350		\$7,200.00	CO-16	\$7,200.00	\$0.00
7360447004Z1	12/05/2022 - 12/05/2022				HC:95938 / 26 / 1	N781 N782	\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
7360447004Z2	12/05/2022 - 12/05/2022				HC:95955 / 26 / 1	N781 N782	\$54.65 (B6)	\$1,755.00	CO-253 CO-45	\$1.09 \$1,700.35	\$53.56
7360447004Z3	12/05/2022 - 12/05/2022				HC:95909 / 26 / 1	N781 N782	\$81.74 (B6)	\$555.00	CO-253 CO-45	\$1.63 \$473.26	\$80.11
7360447004Z4	12/05/2022 - 12/05/2022				HC:95886 / 26 / 2	N781 N782	\$93.32 (B6)	\$2,972.00	CO-253 CO-45	\$1.87 \$2,878.68	\$91.45
7360447004Z5	12/05/2022 - 12/05/2022				HC:95886 / 26,XU / 2	N781 N782	\$93.32 (B6)	\$2,972.00	CO-253 CO-45	\$1.87 \$2,878.68	\$91.45

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

Payer: HUMANA INC.	Check/EFT Trace Number: 117811770231014	Check/EFT Date: 10/13/2023	Total Paid: \$362.30
---------------------------	--	-----------------------------------	-----------------------------

REMARK CODE(S):

N350=Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.

N781=Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible. This amount may be billed to a subsequent payer.

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.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

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.

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)

CLAIM STATUS CODE(S):

1=Processed as Primary