

**Check Summary****Transaction Date:** October 12, 2023

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	9811 W CHARLESTON BLVD STE 2 641
	<b>Check/EFT Trace Number:</b>	9970945075		LAS VEGAS, NV 89117
	<b>Payment Amount:</b>	264.88		
	<b>Check/EFT Date:</b>	10/12/2023		
	<b>Production End Cycle Date:</b>	10/07/2023		

**Patient Name:** ELSON, LEE C**Claim Number:** 376428397611**Claim Date:** 01/11/2023-01/11/2023 **Claim Status Code:** 2

<b>Patient ID:</b> 03092736712	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$22,890.00
<b>Patient Ctrl Nmbr:</b> 0.2856178	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$51.46
<b>Rendering Prvd:</b> MCAULIFFE,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b>	\$13,048.00
<b>Original Ref Nmbr:</b>				

**Line Details****Results:** 10

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
229133658361556001	01/11/2023 - 01/11/2023				HC:95939 / 26 / 0		\$117.24 (B6)	\$3,814.00	OA-23	\$3,790.55	\$23.45
229133658361556002	01/11/2023 - 01/11/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
229133658361556003	01/11/2023 - 01/11/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
229133658361556004	01/11/2023 - 01/11/2023				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658361556005	01/11/2023 - 01/11/2023				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658361556006	01/11/2023 - 01/11/2023				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
229133658361556007	01/11/2023 - 01/11/2023				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
229133658361556008	01/11/2023 - 01/11/2023				HC:95870 / 26,XU / 0		\$19.38 (B6)	\$583.00	OA-23	\$579.12	\$3.88

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970945075	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$264.88
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**Line Details** **Results: 10**

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
229133658361556009	01/11/2023 - 01/11/2023				HC:95870 / 26,XU / 0		\$19.38 (B6)	\$583.00	OA-23	\$579.12	\$3.88
229133658361556010	01/11/2023 - 01/11/2023				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$257.25 (AU)

<b>Patient Name:</b> FLORENTINO, SHERRY L	<b>Claim Number:</b> 376428390041	<b>Claim Date:</b> 12/10/2022-12/10/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 31483877911	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$20,828.00
<b>Patient Ctrl Nmbr:</b> 0.2820967	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$45.39
<b>Rendering Prvd:</b> HSU,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$12,152.00
<b>Original Ref Nmbr:</b>			

**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
212123568555556001	12/10/2022 - 12/10/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
212123568555556002	12/10/2022 - 12/10/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
212123568555556003	12/10/2022 - 12/10/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
212123568555556004	12/10/2022 - 12/10/2022				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
212123568555556005	12/10/2022 - 12/10/2022				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
212123568555556006	12/10/2022 - 12/10/2022				HC:95870 / 26,XU / 0			\$1,166.00	PR-204	\$1,166.00	\$0.00
212123568555556007	12/10/2022 - 12/10/2022				HC:95870 / 26,XU / 0			\$1,166.00	PR-204	\$1,166.00	\$0.00

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970945075	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$264.88
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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
21212356855556008	12/10/2022 - 12/10/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

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

<b>Patient Name:</b> KRAMER, VALERIE	<b>Claim Number:</b> 376428390231	<b>Claim Date:</b> 12/12/2022-12/12/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 05947198111	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$18,144.00
<b>Patient Ctrl Nmbr:</b> 0.2822865	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$69.23
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$7,200.00
<b>Original Ref Nmbr:</b>			

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
213124264143556001	12/12/2022 - 12/12/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
213124264143556002	12/12/2022 - 12/12/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
213124264143556003	12/12/2022 - 12/12/2022				HC:95907 / 26 / 0		\$54.30 (B6)	\$138.00	OA-23	\$127.14	\$10.86
213124264143556004	12/12/2022 - 12/12/2022				HC:95886 / 26 / 0		\$93.32 (B6)	\$2,972.00	OA-23	\$2,953.34	\$18.66
213124264143556005	12/12/2022 - 12/12/2022				HC:95886 / 26,XU / 0		\$93.32 (B6)	\$2,972.00	OA-23	\$2,953.34	\$18.66
213124264143556006	12/12/2022 - 12/12/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$346.19 (AU)

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970945075	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$264.88
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<b>Patient Name:</b> RHODEN, PHYLLIS E	<b>Claim Number:</b> 376428390481	<b>Claim Date:</b> 11/30/2022-11/30/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 31372824711	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$20,270.00
<b>Patient Ctrl Nmbr:</b> 0.2806504	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$53.41
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$10,428.00
<b>Original Ref Nmbr:</b>			

**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
199116500122556001	11/30/2022 - 11/30/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
199116500122556002	11/30/2022 - 11/30/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
199116500122556003	11/30/2022 - 11/30/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
199116500122556004	11/30/2022 - 11/30/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
199116500122556005	11/30/2022 - 11/30/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
199116500122556006	11/30/2022 - 11/30/2022				HC:95870 / 26,XU / 0		\$20.03 (B6)	\$583.00	OA-23	\$578.99	\$4.01
199116500122556007	11/30/2022 - 11/30/2022				HC:95870 / 26,XU / 0		\$20.03 (B6)	\$583.00	OA-23	\$578.99	\$4.01
199116500122556008	11/30/2022 - 11/30/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$267.00 (AU)

<b>Patient Name:</b> THOMAS, MARY L	<b>Claim Number:</b> 376418399891	<b>Claim Date:</b> 11/30/2022-11/30/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 04626428011	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$19,104.00
<b>Patient Ctrl Nmbr:</b> 0.2807199	<b>Contract Hdr:</b>	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$45.39
<b>Rendering Prvd:</b> BURNS,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/21/2023	<b>Patient Resp:</b> \$10,428.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	<b>Check/EFT Trace Number:</b> 9970945075	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$264.88
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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
199116500278556001	11/30/2022 - 11/30/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
199116500278556002	11/30/2022 - 11/30/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
199116500278556003	11/30/2022 - 11/30/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
199116500278556004	11/30/2022 - 11/30/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
199116500278556005	11/30/2022 - 11/30/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
199116500278556006	11/30/2022 - 11/30/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

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

#### Code Descriptions

##### AMT CODE(S):

B6=Allowed - Actual  
AU=Coverage Amount

##### GROUP CODE(S):

OA=Other Adjustments  
PR=Patient Responsibility

##### 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