

Check Summary**Transaction Date:** October 19, 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: NO-PAY-202310190007859 Payment Amount: 0.00 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/19/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
--	--	--

Patient Name: FUNK, KAREN**Claim Number:** 820232570614483**Claim Date:** 10/31/2022-10/31/2022 **Claim Status Code:** 2**Patient ID:** H41860422**Group / Policy:** 00A18701**Facility Type:** 21**Claim Charge:** \$16,643.00**Patient Ctrl Nmbr:** 0.2769053**Contract Hdr:** MEDICAID GATED CAPITATED**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 09/14/2023**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
7283449364Z1	10/31/2022 - 10/31/2022				HC:95822 / 26 / 1		\$60.05 (B6)	\$1,755.00	OA-23	\$1,755.00	\$0.00
7283449364Z2	10/31/2022 - 10/31/2022				HC:95938 / 26 / 1		\$47.83 (B6)	\$3,107.00	OA-23	\$3,107.00	\$0.00
7283449364Z3	10/31/2022 - 10/31/2022				HC:95908 / 26 / 1		\$69.64 (B6)	\$437.00	OA-23	\$437.00	\$0.00
7283449364Z4	10/31/2022 - 10/31/2022				HC:95886 / 26 / 2		\$95.66 (B6)	\$2,972.00	OA-23	\$2,972.00	\$0.00
7283449364Z5	10/31/2022 - 10/31/2022				HC:95886 / 26,XU / 2		\$95.66 (B6)	\$2,972.00	OA-23	\$2,972.00	\$0.00
7283449364Z6	10/31/2022 - 10/31/2022				HC:95999 / / 3			\$5,400.00	PI-B13	\$5,400.00	\$0.00

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

B6=Allowed - Actual

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-202310190007859	Check/EFT Date: 10/19/2023	Total Paid: \$0.00
---------------------------	---	-----------------------------------	---------------------------

GROUP CODE(S):

OA=Other Adjustments

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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

B13=Previously paid. Payment for this claim/service may have been provided in a previous payment.

CLAIM STATUS CODE(S):

2=Processed as Secondary