

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

AMERIGROUP TEXAS, INC. PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 9022207693 Payment Amount: 0.00 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/14/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: AYARS, PHILLIP W**Claim Number:** 255008303700303**Claim Date:** 10/24/2022-10/24/2022 **Claim Status Code:** 2

Patient ID: 732020471	Group / Policy: TXMDR000	Facility Type: 21	Claim Charge: \$4,862.00
Patient Ctrl Nmbr: 0.2759804	Contract Hdr: HOUSTON MEDICARE	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: NATH, AUDREY	Rendering Prv ID:	Claim Received Date: 09/28/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 2

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
	10/24/2022 - 10/24/2022				HC:95938 / 26 / 0	N130 N381		\$3,107.00	CO-45 OA-23	\$9.45 \$3,097.55	\$0.00
	10/24/2022 - 10/24/2022				HC:95822 / 26 / 0	N130 N381		\$1,755.00	CO-45 OA-23	\$11.87 \$1,743.13	\$0.00

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

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

N381=Consult our contractual agreement for restrictions/billing/payment information related to these charges.

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

Payer: AMERIGROUP TEXAS, INC.	Check/EFT Trace Number: 9022207693	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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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)

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

CLAIM STATUS CODE(S):

2=Processed as Secondary