

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

DEVOTED HEALTH PLAN OF TEXAS, INC. PO BOX 211524 EAGAN, MN 55121	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 713174 <b>Payment Amount:</b> 368.55 <b>Check/EFT Date:</b> 10/13/2023 <b>Production End Cycle Date:</b> 01/01/0001	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** BYARS, MEDALINE**Claim Number:** AJX4SK36S8**Claim Date:** 12/05/2022-12/05/2022 **Claim Status Code:** 1

<b>Patient ID:</b> DH8UCJ <b>Patient Ctrl Nmbr:</b> 0.2813060 <b>Rendering Prvd :</b> <b>Original Ref Nmbr:</b>	<b>Group / Policy:</b> <b>Contract Hdr:</b> <b>Rendering Prv ID:</b>	<b>Facility Type:</b> 21 <b>Claim Frequency:</b> 1 <b>Claim Received Date:</b>	<b>Claim Charge:</b> \$16,324.00 <b>Claim Payment:</b> \$368.55 <b>Patient Resp:</b> \$0.00
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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
7376126072Z1	12/05/2022 - 12/05/2022				HC:95939 / 26 /		\$123.35 (B6)	\$3,814.00	OA-253 CO-45	\$2.47 \$3,690.65	\$120.88
7376126072Z2	12/05/2022 - 12/05/2022				HC:95938 / 26 /		\$47.27 (B6)	\$3,107.00	OA-253 CO-45	\$0.95 \$3,059.73	\$46.32
7376126072Z3	12/05/2022 - 12/05/2022				HC:95955 / 26 /		\$55.48 (B6)	\$1,755.00	OA-253 CO-45	\$1.11 \$1,699.52	\$54.37
7376126072Z4	12/05/2022 - 12/05/2022				HC:95861 / 26 /		\$84.91 (B6)	\$1,614.00	OA-253 CO-45	\$1.70 \$1,529.09	\$83.21
7376126072Z5	12/05/2022 - 12/05/2022				HC:95861 / 26,XU /	N362		\$1,614.00	PI-151	\$1,614.00	\$0.00
7376126072Z6	12/05/2022 - 12/05/2022				HC:95868 / 26 /		\$65.07 (B6)	\$1,310.00	OA-253 CO-45	\$1.30 \$1,244.93	\$63.77
7376126072Z7	12/05/2022 - 12/05/2022				HC:95868 / 26,XU /	N362		\$1,310.00	PI-151	\$1,310.00	\$0.00
7376126072Z8	12/05/2022 - 12/05/2022				HC:95999 //	N706		\$1,800.00	OA-16	\$1,800.00	\$0.00

<b>Payer:</b> DEVOTED HEALTH PLAN OF TEXAS, INC.	<b>Check/EFT Trace Number:</b> 713174	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$368.55
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## Code Descriptions

### REMARK CODE(S):

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N706=Missing documentation.

### AMT CODE(S):

B6=Allowed - Actual

### GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

PI=Payor Initiated Reductions

### CLAIM ADJUSTMENT REASON CODE(S):

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)

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

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.

### CLAIM STATUS CODE(S):

1=Processed as Primary