

Check Summary

Transaction Date: October 12, 2023

TRICARE EAST PO BOX 7889 MADISON, WI 53707 WWW.HUMANAMILITARY.COM	Payee Tax ID: Payee ID: 1174916522 Check/EFT Trace Number: 2229129189 Payment Amount: 478.10 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/09/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: CARPENTER, JILL

Claim Number: 20232558035465

Claim Date: 08/14/2023-08/14/2023 Claim Status Code: 1

Patient ID: 535783930	Group / Policy:	Facility Type: 22	Claim Charge:	\$21,724.00
Patient Ctrl Nmbr: 0.3105160	Contract Hdr:	Claim Frequency:	Claim Payment:	\$478.10
Rendering Prvd: ,	Rendering Prv ID: 27162250889117B001	Claim Received Date: 09/12/2023	Patient Resp:	\$0.00
Original Ref Nmbr:				

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
254146783640556001	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95939 / 26 / 1	N1	\$111.51 (B6)	\$3,814.00	CO-45	\$3,702.49	\$111.51
254146783640556002	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95822 / 26 / 1	N1	\$53.68 (B6)	\$1,755.00	CO-45	\$1,701.32	\$53.68
254146783640556003	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95938 / 26 / 1	N1	\$42.65 (B6)	\$3,107.00	CO-45	\$3,064.35	\$42.65
254146783640556004	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95861 / 26 / 1	N1	\$76.57 (B6)	\$1,614.00	CO-45	\$1,537.43	\$76.57
254146783640556005	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95861 / 26,XU / 1	N1	\$76.57 (B6)	\$1,614.00	CO-45	\$1,537.43	\$76.57
254146783640556006	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95868 / 26 / 1	N1	\$58.56 (B6)	\$1,310.00	CO-45	\$1,251.44	\$58.56
254146783640556007	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95868 / 26,XU / 1	N1	\$58.56 (B6)	\$1,310.00	CO-45	\$1,251.44	\$58.56
254146783640556008	08/14/2023 - 08/14/2023	27162250889117B029 1912298423			HC:95999 // 4			\$7,200.00	CO-4	\$7,200.00	\$0.00

Payer: TRICARE EAST	Check/EFT Trace Number: 2229129189	Check/EFT Date: 10/12/2023	Total Paid: \$478.10
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Code Descriptions

REMARK CODE(S):

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

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)

4=The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary