

**Check Summary****Transaction Date:** October 24, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 23294B1000015143 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/24/2023 <b>Production End Cycle Date:</b> 10/19/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
--	--	--

**Patient Name:** HAHN, CAROLINE M**Claim Number:** 23M556602600**Claim Date:** 05/01/2023-05/01/2023 **Claim Status Code:** 1

<b>Patient ID:</b> 117885693	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$20,521.00
<b>Patient Ctrl Nmbr:</b> 0.2985740	<b>Contract Hdr:</b> AZ MEDICARE	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> DE JESUS, MARIA A	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 08/30/2023	<b>Patient Resp:</b> \$0.00
<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
7228951259Z1	05/01/2023 - 05/01/2023				HC:95822 / 26 / 1	N366		\$1,755.00	CO-251	\$1,755.00	\$0.00
7228951259Z2	05/01/2023 - 05/01/2023				HC:95938 / 26 / 1	N366		\$3,107.00	CO-251	\$3,107.00	\$0.00
7228951259Z3	05/01/2023 - 05/01/2023				HC:95908 / 26 / 1	N366		\$437.00	CO-251	\$437.00	\$0.00
7228951259Z4	05/01/2023 - 05/01/2023				HC:95886 / 26 / 2	N366		\$5,050.00	CO-251	\$5,050.00	\$0.00
7228951259Z5	05/01/2023 - 05/01/2023				HC:95886 / 26,XU / 2	N366		\$2,972.00	CO-251	\$2,972.00	\$0.00
7228951259Z6	05/01/2023 - 05/01/2023				HC:95999 / / 4	N366		\$7,200.00	CO-251	\$7,200.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - N366

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

<b>Payer:</b> ARIZONA PHYSICIANS IPA INC	<b>Check/EFT Trace Number:</b> 23294B1000015143	<b>Check/EFT Date:</b> 10/24/2023	<b>Total Paid:</b> \$0.00
--	---	-----------------------------------	---------------------------

**REMARK CODE(S):**

N366=Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.

**GROUP CODE(S):**

CO=Contractual Obligations

**CLAIM ADJUSTMENT REASON CODE(S):**

251=The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. 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).

**CLAIM STATUS CODE(S):**

1=Processed as Primary