

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

HMO PARTNERS DBA HEALTH ADVANTAGE PO BOX 2181 LITTLE ROCK, AR 722032181	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 000130107176 Payment Amount: 0.00 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/09/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 P O BOX 29650 PHOENIX, AZ 850389650
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Patient Name: MACMASTER, SARAH**Claim Number:** 230801300180**Claim Date:** 06/14/2021-06/14/2021 **Claim Status Code:** 22**Patient ID:** PXGY0096673201**Group / Policy:****Facility Type:****Claim Charge:** \$-20,052.00**Patient Ctrl Nmbr:** 1975795**Contract Hdr:****Claim Frequency:****Claim Payment:** \$0.00**Rendering Prvd :****Rendering Prv ID:****Claim Received Date:** 08/01/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details****Results:** 7

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
0001	06/14/2021 - 06/14/2021	271622508			HC:95941 // -2.00	N706		\$-5,520.00	PR-226	\$-5,520.00	\$0.00
0002	06/14/2021 - 06/14/2021	271622508			HC:95822 / 26 / -1.00	N706		\$-1,755.00	PR-226	\$-1,755.00	\$0.00
0003	06/14/2021 - 06/14/2021	271622508			HC:95938 / 26 / -1.00	N706		\$-3,107.00	PR-226	\$-3,107.00	\$0.00
0004	06/14/2021 - 06/14/2021	271622508			HC:95907 / 26 / -1.00	N706		\$-138.00	PR-226	\$-138.00	\$0.00
0005	06/14/2021 - 06/14/2021	271622508			HC:95885 / 26 / -2.00	N706		\$-1,166.00	PR-226	\$-1,166.00	\$0.00
0006	06/14/2021 - 06/14/2021	271622508			HC:95885 / 26,XU / -2.00	N706		\$-1,166.00	PR-226	\$-1,166.00	\$0.00
0007	06/14/2021 - 06/14/2021	271622508			HC:95999 // -4.00	N706		\$-7,200.00	PR-226	\$-7,200.00	\$0.00

Payer: HMO PARTNERS DBA HEALTH ADVANTAGE	Check/EFT Trace Number: 000130107176	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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Patient Name: MACMASTER, SARAH	Claim Number: 230801300180	Claim Date: 06/14/2021-06/14/2021	Claim Status Code: 4
Patient ID: PXGY0096673201	Group / Policy:	Facility Type:	Claim Charge: \$20,052.00
Patient Ctrl Nmbr: 1975795	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 08/01/2023	Patient Resp: \$20,052.00
Original Ref Nmbr:			

Line Details											Results: 7
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
0001	06/14/2021 - 06/14/2021	271622508			HC:95941 // 2.00	N706	\$391.44 (B6)	\$5,520.00	PR-226	\$5,520.00	\$0.00
0002	06/14/2021 - 06/14/2021	271622508			HC:95822 / 26 / 1.00	N706	\$87.59 (B6)	\$1,755.00	PR-226	\$1,755.00	\$0.00
0003	06/14/2021 - 06/14/2021	271622508			HC:95938 / 26 / 1.00	N706	\$69.63 (B6)	\$3,107.00	PR-226	\$3,107.00	\$0.00
0004	06/14/2021 - 06/14/2021	271622508			HC:95907 / 26 / 1.00	N706	\$80.85 (B6)	\$138.00	PR-226	\$138.00	\$0.00
0005	06/14/2021 - 06/14/2021	271622508			HC:95885 / 26 / 2.00	N706	\$56.94 (B6)	\$1,166.00	PR-226	\$1,166.00	\$0.00
0006	06/14/2021 - 06/14/2021	271622508			HC:95885 / 26,XU / 2.00	N706	\$56.94 (B6)	\$1,166.00	PR-226	\$1,166.00	\$0.00
0007	06/14/2021 - 06/14/2021	271622508			HC:95999 // 4.00	N237	\$5,760.00 (B6)	\$7,200.00	PR-226	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

N237=Incomplete/invalid patient medical record for this service.

N706=Missing documentation.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

PR=Patient Responsibility

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CLAIM ADJUSTMENT REASON CODE(S):

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. 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):

22=Reversal of Previous Payment

4=Denied