

**Check Summary**
**Transaction Date:** October 12, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> NO-PAY-202310120009212 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/12/2023 <b>Production End Cycle Date:</b> 10/12/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** KELLEY, CYNTHIA

**Claim Number:** 820232780023889

**Claim Date:** 01/19/2023-01/19/2023 **Claim Status Code:** 1

**Patient ID:** H78570702

**Group / Policy:** 07A14401

**Facility Type:** 22

**Claim Charge:** \$8,462.00

**Patient Ctrl Nmbr:** 0.2864699

**Contract Hdr:** MEDICARE ADVANTAGE HMO

**Claim Frequency:** 1

**Claim Payment:** \$0.00

**Rendering Prvd:** FILE, SIGNATURE ON

**Rendering Prv ID:**
**Claim Received Date:** 10/04/2023

**Patient Resp:** \$6,662.00

**Original Ref Nmbr:**

Line Details											Results: 5
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
7370501172Z3	01/19/2023 - 01/19/2023				HC:95999 // 2			\$0.00	OA-94 CO-222	\$-3,600.00 \$3,600.00	\$0.00
	01/19/2023 - 01/19/2023				HC:95999 // 1			\$1,800.00	CO-222	\$1,800.00	\$0.00
	01/19/2023 - 01/19/2023				HC:95999 // 1			\$1,800.00	PR-198	\$1,800.00	\$0.00
7370501172Z1	01/19/2023 - 01/19/2023				HC:95955 / 26 / 1			\$1,755.00	PR-198	\$1,755.00	\$0.00
7370501172Z2	01/19/2023 - 01/19/2023				HC:95938 / 26 / 1			\$3,107.00	PR-198	\$3,107.00	\$0.00

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

OA=Other Adjustments

CO=Contractual Obligations

PR=Patient Responsibility

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> NO-PAY-202310120009212	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$0.00
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**CLAIM ADJUSTMENT REASON CODE(S):**

94=Processed in Excess of charges.

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

198=Precertification/notification/authorization/pre-treatment exceeded.

**CLAIM STATUS CODE(S):**

1=Processed as Primary