

Check Summary
Transaction Date: October 18, 2023

UNITEDHEALTHCARE MISSISSIPPI PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23288B1000154169 Payment Amount: 946.23 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/13/2023	Payee Name: MONITORING ASSOCIATES Payee Address: 9811 W CHARLESTON BLVD STE 2 641 LAS VEGAS, NV 89117
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Patient Name: JENKINS, JESSIE M

Claim Number: 23O406625500

Claim Date: 05/23/2023-05/23/2023 **Claim Status Code:** 1

Patient ID: 117110605	Group / Policy:	Facility Type: 22	Claim Charge: \$20,488.00
Patient Ctrl Nmbr: 0.3014007	Contract Hdr: MS UNITEDHEALTHCARE	Claim Frequency: 1	Claim Payment: \$946.23
Rendering Prvd: NATH, AUDREY R	DUAL COMPLETE	Claim Received Date: 10/04/2023	Patient Resp: \$229.68
Original Ref Nmbr:	Rendering Prv ID:		

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
7366305804Z1	05/23/2023 - 05/23/2023				HC:95938 / 26 / 1		\$40.06 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$8.01 \$0.64 \$3,066.94	\$31.41
7366305804Z2	05/23/2023 - 05/23/2023				HC:95955 / 26 / 1		\$47.07 (B6)	\$1,755.00	PR-2 CO-253 CO-45	\$9.41 \$0.75 \$1,707.93	\$36.91
7366305804Z3	05/23/2023 - 05/23/2023				HC:95907 / 26 / 1		\$46.75 (B6)	\$138.00	CO-253 CO-45	\$0.94 \$91.25	\$45.81
7366305804Z4	05/23/2023 - 05/23/2023				HC:95886 / 26 / 2		\$80.67 (B6)	\$5,944.00	CO-253 CO-45 PR-2	\$1.29 \$5,863.33 \$16.13	\$63.25
7366305804Z5	05/23/2023 - 05/23/2023				HC:95886 / 26,XU / 2		\$80.67 (B6)	\$5,944.00	CO-253 CO-45 PR-2	\$1.29 \$5,863.33 \$16.13	\$63.25
7366305804Z6	05/23/2023 - 05/23/2023				HC:95999 / / 2		\$900.00 (B6)	\$3,600.00	CO-253 CO-45 PR-2	\$14.40 \$2,700.00 \$180.00	\$705.60

Payer: UNITEDHEALTHCARE	Check/EFT Trace Number: 23288B1000154169	Check/EFT Date: 10/18/2023	Total Paid: \$946.23
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Supplemental Information - AMT/Payer Codes: \$1,195.22 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

PR=Patient Responsibility

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

2=Coinsurance Amount

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)

CLAIM STATUS CODE(S):

1=Processed as Primary