

Check Summary**Transaction Date:** October 18, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 118218318231019 Payment Amount: 389.55 Check/EFT Date: 10/18/2023 Production End Cycle Date: 10/18/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: TRINIDAD, PATRICIA**Claim Number:** 820232820338550**Claim Date:** 12/27/2022-12/27/2022 **Claim Status Code:** 1**Patient ID:** H43803393**Group / Policy:** 03A23401**Facility Type:** 21**Claim Charge:** \$20,414.00**Patient Ctrl Nmbr:** 0.2840562**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$389.55**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 10/09/2023**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
7384597911Z7	12/27/2022 - 12/27/2022				HC:95999 // 4	N19		\$7,200.00	CO-97	\$7,200.00	\$0.00
7384597911Z1	12/27/2022 - 12/27/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,814.00	CO-253 CO-45	\$0.93 \$3,767.34	\$45.73
7384597911Z2	12/27/2022 - 12/27/2022				HC:95955 / 26 / 1		\$54.65 (B6)	\$1,755.00	CO-253 CO-45	\$1.09 \$1,700.35	\$53.56
7384597911Z3	12/27/2022 - 12/27/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$3,107.00	CO-253 CO-45	\$1.68 \$3,023.05	\$82.27
7384597911Z4	12/27/2022 - 12/27/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
7384597911Z5	12/27/2022 - 12/27/2022				HC:95868 / 26 / 1		\$64.14 (B6)	\$1,614.00	CO-253 CO-45	\$1.28 \$1,549.86	\$62.86
7384597911Z6	12/27/2022 - 12/27/2022				HC:95868 / 26,XU / 1		\$64.14 (B6)	\$1,310.00	CO-253 CO-45	\$1.28 \$1,245.86	\$62.86

Code Descriptions

Payer: HUMANA INC.	Check/EFT Trace Number: 118218318231019	Check/EFT Date: 10/18/2023	Total Paid: \$389.55
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REMARK CODE(S):

N19=Procedure code incidental to primary procedure.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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