

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

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	Payee Tax ID:	271622508	Payee Name:	MONITORING ASSOCIATES
	Payee ID:	1174916522	Payee Address:	9811 W CHARLESTON BLVD STE 2 641
	Check/EFT Trace Number:	9973428296		LAS VEGAS, NV 89117
	Payment Amount:	186.53		
	Check/EFT Date:	10/18/2023		
	Production End Cycle Date:	10/13/2023		

Patient Name: DIFRANCO, VINCENT**Claim Number:** 376208695651**Claim Date:** 01/05/2023-01/05/2023 **Claim Status Code:** 2

Patient ID: 06285090911	Group / Policy:	Facility Type: 22	Claim Charge:	\$4,862.00
Patient Ctrl Nmbr: 0.2849379	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$20.25
Rendering Prvd: MCAULIFFE,	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp:	\$0.00
Original Ref Nmbr:				

Line Details**Results:** 2

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
228132701487556001	01/05/2023 - 01/05/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
228132701487556002	01/05/2023 - 01/05/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97

Supplemental Information - AMT/Payer Codes: \$101.25 (AU)

Patient Name: ELOFSON, JOHN**Claim Number:** 376208695611**Claim Date:** 01/04/2023-01/04/2023 **Claim Status Code:** 2

Patient ID: 03311198712	Group / Policy:	Facility Type: 22	Claim Charge:	\$4,862.00
Patient Ctrl Nmbr: 0.2848134	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$20.25
Rendering Prvd: MCAULIFFE,	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp:	\$0.00
Original Ref Nmbr:				

Line Details**Results:** 2

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
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Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9973428296	Check/EFT Date: 10/18/2023	Total Paid: \$186.53
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Line Details											Results: 2
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
222129701465556001	01/04/2023 - 01/04/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
222129701465556002	01/04/2023 - 01/04/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97

Supplemental Information - AMT/Payer Codes: \$101.25 (AU)

Patient Name: ESTES, PENNY	Claim Number: 378008698071	Claim Date: 09/19/2022-09/19/2022	Claim Status Code: 2
Patient ID: 31280450012	Group / Policy:	Facility Type: 21	Claim Charge: \$16,688.00
Patient Ctrl Nmbr: 0.2715914	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$60.24
Rendering Prvd: MCAULIFFE,	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$7,200.00
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
248143523826556001	09/19/2022 - 09/19/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
248143523826556002	09/19/2022 - 09/19/2022				HC:95908 / 26 / 0		\$67.96 (B6)	\$437.00	OA-23	\$423.41	\$13.59
248143523826556003	09/19/2022 - 09/19/2022				HC:95886 / 26 / 0		\$93.32 (B6)	\$2,972.00	OA-23	\$2,953.34	\$18.66
248143523826556004	09/19/2022 - 09/19/2022				HC:95886 / 26,XU / 0		\$93.32 (B6)	\$2,972.00	OA-23	\$2,953.34	\$18.66
248143523826556005	09/19/2022 - 09/19/2022				HC:95999 / / 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$301.26 (AU)

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9973428296	Check/EFT Date: 10/18/2023	Total Paid: \$186.53
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Patient Name: KARRE, TERRY L	Claim Number: 376219676331	Claim Date: 01/24/2023-01/24/2023	Claim Status Code: 2
Patient ID: 34201999911	Group / Policy:	Facility Type: 21	Claim Charge: \$17,031.00
Patient Ctrl Nmbr: 2579871	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$64.74
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp: \$7,200.00
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
000001	01/24/2023 - 01/24/2023				HC:95938 / 26 / 0		\$44.01 (B6)	\$3,107.00	OA-23	\$3,098.20	\$8.80
000002	01/24/2023 - 01/24/2023				HC:95910 / 26 / 0		\$102.40 (B6)	\$780.00	OA-23	\$759.52	\$20.48
000003	01/24/2023 - 01/24/2023				HC:95886 / 26 / 0		\$88.66 (B6)	\$2,972.00	OA-23	\$2,954.27	\$17.73
000004	01/24/2023 - 01/24/2023				HC:95886 / 26,XU / 0		\$88.66 (B6)	\$2,972.00	OA-23	\$2,954.27	\$17.73
000005	01/24/2023 - 01/24/2023				HC:95999 / / 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$323.73 (AU)

Patient Name: ROMERO, JULIE	Claim Number: 378008698081	Claim Date: 11/21/2022-11/21/2022	Claim Status Code: 2
Patient ID: 05948731211	Group / Policy:	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2797639	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$21.05
Rendering Prvd: MCAULIFFE,	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$8,628.00
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
198115843631556001	11/21/2022 - 11/21/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72

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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
198115843631556002	11/21/2022 - 11/21/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
198115843631556003	11/21/2022 - 11/21/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
198115843631556004	11/21/2022 - 11/21/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
198115843631556005	11/21/2022 - 11/21/2022				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$105.25 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual
AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments
PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
204=This service/equipment/drug is not covered under the patient's current benefit plan

CLAIM STATUS CODE(S):

2=Processed as Secondary