

Check Summary
Transaction Date: October 26, 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: 118824887231027 Payment Amount: 967.49 Check/EFT Date: 10/26/2023 Production End Cycle Date: 10/26/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: HARRIS, TOMMY

Claim Number: 820232840093368

Claim Date: 01/13/2023-01/13/2023 **Claim Status Code:** 1

Patient ID: H62120962	Group / Policy: 0Y953501	Facility Type: 21	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2859168	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$488.83
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/10/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results:** 8

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
7390186050Z1	01/13/2023 - 01/13/2023				HC:95939 / 26 / 1		\$117.24 (B6)	\$3,814.00	CO-253 \$2.34 CO-45 \$3,696.76		\$114.90
7390186050Z2	01/13/2023 - 01/13/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 \$0.90 CO-45 \$3,062.14		\$43.96
7390186050Z3	01/13/2023 - 01/13/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 \$1.05 CO-45 \$1,702.34		\$51.61
7390186050Z4	01/13/2023 - 01/13/2023				HC:95861 / 26 / 1		\$80.55 (B6)	\$1,614.00	CO-253 \$1.61 CO-45 \$1,533.45		\$78.94
7390186050Z5	01/13/2023 - 01/13/2023				HC:95861 / 26,XU / 1		\$80.55 (B6)	\$1,614.00	CO-253 \$1.61 CO-45 \$1,533.45		\$78.94
7390186050Z6	01/13/2023 - 01/13/2023				HC:95868 / 26 / 1		\$61.47 (B6)	\$1,310.00	CO-253 \$1.23 CO-45 \$1,248.53		\$60.24
7390186050Z7	01/13/2023 - 01/13/2023				HC:95868 / 26,XU / 1		\$61.47 (B6)	\$1,310.00	CO-253 \$1.23 CO-45 \$1,248.53		\$60.24
7390186050Z8	01/13/2023 - 01/13/2023				HC:95999 // 4	N19		\$7,200.00	CO-97	\$7,200.00	\$0.00

Payer: HUMANA INC.	Check/EFT Trace Number: 118824887231027	Check/EFT Date: 10/26/2023	Total Paid: \$967.49
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Patient Name: OSHIELDS, PATRICIA	Claim Number: 820232820470865	Claim Date: 12/29/2022-12/29/2022	Claim Status Code: 1
Patient ID: H70891590	Group / Policy: 0Y661501	Facility Type: 22	Claim Charge: \$17,301.00
Patient Ctrl Nmbr: 0.2843062	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$383.09
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/09/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
7384899500Z1	12/29/2022 - 12/29/2022				HC:95939 / 26 / 1		\$121.69 (B6)	\$2,459.00	CO-253 \$2.43 CO-45 \$2,337.31		\$119.26
7384899500Z2	12/29/2022 - 12/29/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 \$0.93 CO-45 \$3,060.34		\$45.73
7384899500Z3	12/29/2022 - 12/29/2022				HC:95955 / 26 / 1		\$54.65 (B6)	\$3,107.00	CO-253 \$1.09 CO-45 \$3,052.35		\$53.56
7384899500Z4	12/29/2022 - 12/29/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 \$1.68 CO-45 \$1,530.05		\$82.27
7384899500Z5	12/29/2022 - 12/29/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 \$1.68 CO-45 \$1,530.05		\$82.27
7384899500Z6	12/29/2022 - 12/29/2022				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00

Patient Name: WEBB, CLYDE	Claim Number: 820232840023390	Claim Date: 01/16/2023-01/16/2023	Claim Status Code: 1
Patient ID: H77579801	Group / Policy: 0Y960901	Facility Type: 11	Claim Charge: \$18,890.00
Patient Ctrl Nmbr: 0.2860042	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$95.57
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/10/2023	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
	01/16/2023 - 01/16/2023				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00

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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
	01/16/2023 - 01/16/2023				HC:95999 // 1	N19		\$1,800.00	CO-97	\$1,800.00	\$0.00
7390287702Z5	01/16/2023 - 01/16/2023				HC:95999 // 3			\$5,400.00	CO-222	\$5,400.00	\$0.00
7390287702Z1	01/16/2023 - 01/16/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7390287702Z2	01/16/2023 - 01/16/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61
7390287702Z3	01/16/2023 - 01/16/2023				HC:95861 / 26 / 1			\$1,614.00	CO-B15	\$1,614.00	\$0.00
7390287702Z4	01/16/2023 - 01/16/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-B15	\$1,614.00	\$0.00

Code Descriptions

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):

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)

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.

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CLAIM ADJUSTMENT REASON CODE(S):

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.

B15=This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary