

**Check Summary****Transaction Date:** October 23, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 23293B1000044705 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/23/2023 <b>Production End Cycle Date:</b> 10/18/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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**Patient Name:** CALDARAZZO, DAVID J**Claim Number:** 23O925470700**Claim Date:** 01/17/2023-01/17/2023 **Claim Status Code:** 1

<b>Patient ID:</b> A05801730	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$18,470.00
<b>Patient Ctrl Nmbr:</b> 0.2862290	<b>Contract Hdr:</b> AZ MEDICAID -COPAY LEVEL 00	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/13/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
7402250071Z1	01/17/2023 - 01/17/2023				HC:95939 / 26 / 1			\$3,814.00	PI-29	\$3,814.00	\$0.00
7402250071Z2	01/17/2023 - 01/17/2023				HC:95938 / 26 / 1			\$3,107.00	PI-29	\$3,107.00	\$0.00
7402250071Z3	01/17/2023 - 01/17/2023				HC:95955 / 26 / 1			\$1,755.00	PI-29	\$1,755.00	\$0.00
7402250071Z4	01/17/2023 - 01/17/2023				HC:95861 / 26 / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7402250071Z5	01/17/2023 - 01/17/2023				HC:95861 / 26,XU / 1			\$1,614.00	PI-29	\$1,614.00	\$0.00
7402250071Z6	01/17/2023 - 01/17/2023				HC:95870 / 26,XU / 1			\$583.00	PI-29	\$583.00	\$0.00
7402250071Z7	01/17/2023 - 01/17/2023				HC:95870 / 26,XU / 1			\$583.00	PI-29	\$583.00	\$0.00
7402250071Z8	01/17/2023 - 01/17/2023				HC:95999 // 3			\$5,400.00	PI-29	\$5,400.00	\$0.00

<b>Payer:</b> ARIZONA PHYSICIANS IPA INC	<b>Check/EFT Trace Number:</b> 23293B1000044705	<b>Check/EFT Date:</b> 10/23/2023	<b>Total Paid:</b> \$0.00
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**Code Descriptions**

**GROUP CODE(S):**

PI=Payor Initiated Reductions

**CLAIM ADJUSTMENT REASON CODE(S):**

29=The time limit for filing has expired.

**CLAIM STATUS CODE(S):**

1=Processed as Primary