

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

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23293B1000021065 Payment Amount: 0.00 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/18/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Patient Name: FLORES, MICHAEL A**Claim Number:** 23L608897200**Claim Date:** 08/29/2022-08/29/2022 **Claim Status Code:** 19 - ARIZONA PHYSICIANS IPA, INC.

Patient ID: 117067447	Group / Policy:	Facility Type: 21	Claim Charge: \$19,924.00
Patient Ctrl Nmbr: 0.2690849	Contract Hdr: AZ MEDICARE	Claim Frequency: 1	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 08/11/2023	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
7174791342Z1	08/29/2022 - 08/29/2022				HC:95939 / 26 / 1	N366		\$3,814.00	CO-251	\$3,814.00	\$0.00
7174791342Z2	08/29/2022 - 08/29/2022				HC:95822 / 26 / 1	N366		\$1,755.00	CO-251	\$1,755.00	\$0.00
7174791342Z3	08/29/2022 - 08/29/2022				HC:95938 / 26 / 1	N366		\$3,107.00	CO-251	\$3,107.00	\$0.00
7174791342Z4	08/29/2022 - 08/29/2022				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7174791342Z5	08/29/2022 - 08/29/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7174791342Z6	08/29/2022 - 08/29/2022				HC:95868 / 26 / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7174791342Z7	08/29/2022 - 08/29/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7174791342Z8	08/29/2022 - 08/29/2022				HC:95999 // 3	N366		\$5,400.00	CO-251	\$5,400.00	\$0.00

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23293B1000021065	Check/EFT Date: 10/23/2023	Total Paid: \$0.00
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Medicare Outpatient Adjudication Information:Remark Codes - N366

Code Descriptions

REMARK CODE(S):

N366=Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

251=The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

CLAIM STATUS CODE(S):

19=Processed as Primary, Forwarded to Additional Payer(s)