

Check Summary

Transaction Date: October 13, 2023

DEVOTED HEALTH PLAN OF ARIZONA, INC. PO BOX 211524 EAGAN, MN 55121	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 248111 Payment Amount: 343.17 Check/EFT Date: 10/13/2023 Production End Cycle Date: 01/01/0001	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: JOHNSON, STEPHANIE

Claim Number: AJXJRU7RSR

Claim Date: 01/06/2023-01/06/2023 Claim Status Code: 1

Patient ID: DUAHWA	Group / Policy:	Facility Type: 21	Claim Charge:	\$21,724.00
Patient Ctrl Nmbr: 0.2850472	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$343.17
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date:	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
7385122330Z1	01/06/2023 - 01/06/2023				HC:95939 / 26 /		\$115.04 (B6)	\$3,814.00	OA-253 CO-45	\$2.30 \$3,698.96	\$112.74
7385122330Z2	01/06/2023 - 01/06/2023				HC:95938 / 26 /		\$44.01 (B6)	\$3,107.00	OA-253 CO-45	\$0.88 \$3,062.99	\$43.13
7385122330Z3	01/06/2023 - 01/06/2023				HC:95955 / 26 /		\$51.70 (B6)	\$1,755.00	CO-45 OA-253	\$1,703.30 \$1.03	\$50.67
7385122330Z4	01/06/2023 - 01/06/2023				HC:95861 / 26 /		\$79.02 (B6)	\$1,614.00	OA-253 CO-45	\$1.58 \$1,534.98	\$77.44
7385122330Z5	01/06/2023 - 01/06/2023				HC:95861 / 26,XU /	N362		\$1,614.00	PI-151	\$1,614.00	\$0.00
7385122330Z6	01/06/2023 - 01/06/2023				HC:95868 / 26 /		\$60.40 (B6)	\$1,310.00	CO-45 OA-253	\$1,249.60 \$1.21	\$59.19
7385122330Z7	01/06/2023 - 01/06/2023				HC:95868 / 26,XU /	N362		\$1,310.00	PI-151	\$1,310.00	\$0.00
7385122330Z8	01/06/2023 - 01/06/2023				HC:95999 //	N706		\$7,200.00	OA-16	\$7,200.00	\$0.00

Payer: DEVOTED HEALTH PLAN OF ARIZONA, INC.	Check/EFT Trace Number: 248111	Check/EFT Date: 10/13/2023	Total Paid: \$343.17
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Code Descriptions

REMARK CODE(S):

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N706=Missing documentation.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

OA=Other Adjustments

CO=Contractual Obligations

PI=Payor Initiated Reductions

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)

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

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary