

**Check Summary****Transaction Date:** October 12, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 117731533231013 <b>Payment Amount:</b> 253.45 <b>Check/EFT Date:</b> 10/12/2023 <b>Production End Cycle Date:</b> 10/12/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** PINS, GERALD**Claim Number:** 820232721715371**Claim Date:** 06/19/2023-06/19/2023 **Claim Status Code:** 1**Patient ID:** H64321713**Group / Policy:** 03A23401**Facility Type:** 22**Claim Charge:** \$11,690.00**Patient Ctrl Nmbr:** 0.3044337**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$253.45**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 09/29/2023**Patient Resp:** \$0.00**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
7354556275Z5	06/19/2023 - 06/19/2023				HC:95999 // 2	N19		\$3,600.00	CO-97	\$3,600.00	\$0.00
7354556275Z1	06/19/2023 - 06/19/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7354556275Z2	06/19/2023 - 06/19/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61
7354556275Z3	06/19/2023 - 06/19/2023				HC:95861 / 26 / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94
7354556275Z4	06/19/2023 - 06/19/2023				HC:95861 / 26,XU / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94

**Code Descriptions****REMARK CODE(S):**

N19=Procedure code incidental to primary procedure.

<b>Payer:</b> HUMANA INC.	<b>Check/EFT Trace Number:</b> 117731533231013	<b>Check/EFT Date:</b> 10/12/2023	<b>Total Paid:</b> \$253.45
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**AMT CODE(S):**

B6=Allowed - Actual

**GROUP CODE(S):**

CO=Contractual Obligations

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

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.

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)

**CLAIM STATUS CODE(S):**

1=Processed as Primary