

Check Summary

Transaction Date: October 19, 2023

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|--|---|---|
| AETNA 151 FARMINGTON AVENUE HARTFORD, CT 06156 | Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: 823289000164437 Payment Amount: 185.41 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/16/2023 | Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: PO BOX 29650 PHOENIX, AZ 850389650 |
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Patient Name: BRUBAKER, RUTH

Claim Number: E7TX6YMGK0000

Claim Date: 09/18/2023-09/18/2023 Claim Status Code: 1

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|--|---|--|---------------------------------|
| Patient ID: W268713765 | Group / Policy: 0734218-012-00001-CE | Facility Type: 22 | Claim Charge: \$8,090.00 |
| Patient Ctrl Nmbr: 0.3144318 | Contract Hdr: OPEN CHOICE | Claim Frequency: 1 | Claim Payment: \$185.41 |
| Rendering Prvd: PHYSICIAN OVERSIGHT, LLC, | Rendering Prv ID: | Claim Received Date: 10/02/2023 | Patient Resp: \$20.61 |
| Original Ref Nmbr: | | | |

Line Details

Results: 4

| 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 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|-----------------------|----------|
| 7360239307Z2 | 09/18/2023 - 09/18/2023 | | | | HC:95955 / 26 / 0 | | \$1,755.00 (B6) | \$1,755.00 | CO-55 | \$1,755.00 | \$0.00 |
| 7360239307Z1 | 09/18/2023 - 09/18/2023 | | | | HC:95938 / 26 / 1 | N877 | \$91.36 (B6) | \$3,107.00 | CO-45 PR-2 | \$3,015.64 \$9.14 | \$82.22 |
| 7360239307Z4 | 09/18/2023 - 09/18/2023 | | | | HC:95861 / 26,XU / 0 | N56 | \$1,614.00 (B6) | \$1,614.00 | PI-96 | \$1,614.00 | \$0.00 |
| 7360239307Z3 | 09/18/2023 - 09/18/2023 | | | | HC:95861 / 26 / 1 | N877 | \$114.66 (B6) | \$1,614.00 | CO-45 PR-2 | \$1,499.34 \$11.47 | \$103.19 |

Supplemental Information - AMT/Payer Codes: \$8,090.00 (AU)

Medicare Outpatient Adjudication Information: Remark Codes - MA15

Patient Name: LAPRADE, LAWRENCE

Claim Number: E4FC54Z4Y0000

Claim Date: 05/08/2023-05/08/2023 Claim Status Code: 1

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|--|---|--|----------------------------------|
| Patient ID: W268018593 | Group / Policy: 0159547-010-00041- V | Facility Type: 21 | Claim Charge: \$18,309.00 |
| Patient Ctrl Nmbr: 0.2993166 | Contract Hdr: AETNA OPEN ACCESS ELECT CHOICE | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: PHYSICIAN OVERSIGHT, LLC, | Rendering Prv ID: | Claim Received Date: 08/24/2023 | Patient Resp: \$0.00 |
| Original Ref Nmbr: | | | |

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| Payer: AETNA | Check/EFT Trace Number: 823289000164437 | Check/EFT Date: 10/19/2023 | Total Paid: \$185.41 |
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| 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 |
| 7213366962Z7 | 05/08/2023 - 05/08/2023 | | | | HC:95999 // 0 | M127 N706 | \$2,700.00 (B6) | \$5,400.00 | CO-252 | \$5,400.00 | \$0.00 |
| 7213366962Z1 | 05/08/2023 - 05/08/2023 | | | | HC:95941 // 0 | M127 N706 | \$319.46 (B6) | \$2,760.00 | CO-252 | \$2,760.00 | \$0.00 |
| 7213366962Z2 | 05/08/2023 - 05/08/2023 | | | | HC:95939 / 26 / 0 | M127 N706 | \$160.61 (B6) | \$3,814.00 | CO-252 | \$3,814.00 | \$0.00 |
| 7213366962Z4 | 05/08/2023 - 05/08/2023 | | | | HC:95938 / 26 / 0 | M127 N706 | \$55.43 (B6) | \$3,107.00 | CO-252 | \$3,107.00 | \$0.00 |
| 7213366962Z5 | 05/08/2023 - 05/08/2023 | | | | HC:22558 / 26 / 0 | | \$1,614.00 (B6) | \$1,614.00 | CO-55 | \$1,614.00 | \$0.00 |
| 7213366962Z6 | 05/08/2023 - 05/08/2023 | | | | HC:22558 / 26,XU / 0 | | \$1,614.00 (B6) | \$1,614.00 | CO-55 | \$1,614.00 | \$0.00 |

Supplemental Information - AMT/Payer Codes: \$18,309.00 (AU)

Medicare Inpatient Adjudication Information: Covered Days or Visits Count - 0, Remark Codes - N369, MA15

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|--|---|--|---------------------------------|
| Patient Name: SWANGER, NADINE | Claim Number: EQAC8Q0310001 | Claim Date: 07/25/2023-07/25/2023 | Claim Status Code: 1 |
| Patient ID: W261695620 | Group / Policy: 0169789-011-00001-AA | Facility Type: 22 | Claim Charge: \$4,394.00 |
| Patient Ctrl Nmbr: 0.3083414 | Contract Hdr: AETNA OPEN ACCESS | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: PHYSICIAN OVERSIGHT, LLC, | MANAGED CHOICE NET 04549 | Claim Received Date: 10/13/2023 | Patient Resp: \$4,394.00 |
| Original Ref Nmbr: | Rendering Prv ID: | | |

| Line Details | | | | | | | | | | | Results: 3 |
|----------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|------------|
| 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 |
| 7401994074Z7 | 07/25/2023 - 07/25/2023 | | | | HC:63655 / 26,XU / 0 | | \$1,166.00 (B6) | \$1,166.00 | PR-55 | \$1,166.00 | \$0.00 |
| 7401994074Z6 | 07/25/2023 - 07/25/2023 | | | | HC:63655 / 26,XU / 0 | | \$1,614.00 (B6) | \$1,614.00 | PR-55 | \$1,614.00 | \$0.00 |
| 7401994074Z5 | 07/25/2023 - 07/25/2023 | | | | HC:63655 / 26 / 0 | | \$1,614.00 (B6) | \$1,614.00 | PR-55 | \$1,614.00 | \$0.00 |

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| Payer: AETNA | Check/EFT Trace Number: 823289000164437 | Check/EFT Date: 10/19/2023 | Total Paid: \$185.41 |
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Supplemental Information - AMT/Payer Codes: \$4,394.00 (AU)

Medicare Outpatient Adjudication Information: Remark Codes - MA15

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|--|---|--|---------------------------------|
| Patient Name: VAN RY, THAD | Claim Number: PCAC8DWC10000 | Claim Date: 10/27/2021-10/27/2021 | Claim Status Code: 1 |
| Patient ID: W265866811 | Group / Policy: 0169538-012-00020-EL | Facility Type: 22 | Claim Charge: \$4,753.00 |
| Patient Ctrl Nbr: 0.2338073 | Contract Hdr: AETNA OPEN ACCESS | Claim Frequency: 1 | Claim Payment: \$0.00 |
| Rendering Prvd: PHYSICIAN OVERSIGHT, LLC, | MANAGED CHOICE | Claim Received Date: 10/10/2023 | Patient Resp: \$0.00 |
| Original Ref Nbr: | | | |

| Line Details | | | | | | | | | | | Results: 1 |
|---------------|-------------------------|--------------|-----|-----------------------------|-------------------------------|---------------------|-----------------|------------|-------------------|------------|------------|
| Line Ctrl Nbr | 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 |
| 603931536 | 10/27/2021 - 10/27/2021 | | | | HC:95861 / 59 / 0 | N1 | \$4,753.00 (B6) | \$4,753.00 | CO-193 | \$4,753.00 | \$0.00 |

Supplemental Information - AMT/Payer Codes: \$4,753.00 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

MA15=Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

N369=Alert: Although this claim has been processed, it is deficient according to state legislation/regulation.

N56=Procedure code billed is not correct/valid for the services billed or the date of service billed.

N706=Missing documentation.

N877=Alert: This initial payment is provided in accordance with the No Surprises Act. The provider or facility may initiate open negotiation if they desire to negotiate a higher out-of-network rate.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

PI=Payor Initiated Reductions

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|---------------------|--|-----------------------------------|-----------------------------|
| Payer: AETNA | Check/EFT Trace Number: 823289000164437 | Check/EFT Date: 10/19/2023 | Total Paid: \$185.41 |
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CLAIM ADJUSTMENT REASON CODE(S):

55=Procedure/treatment/drug is deemed experimental/investigational by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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)

2=Coinsurance Amount

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

252=An attachment/other documentation is required to adjudicate this claim/service. 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).

193=Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

CLAIM STATUS CODE(S):

1=Processed as Primary