

Check Summary**Transaction Date:** October 19, 2023

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE PO BOX 740819 ATLANTA, GA 303740819	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 9974374734 Payment Amount: 780.23 Check/EFT Date: 10/19/2023 Production End Cycle Date: 10/14/2023	Payee Name: MONITORING ASSOCIATES Payee Address: 9811 W CHARLESTON BLVD STE 2 641 LAS VEGAS, NV 89117
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Patient Name: ANDERSON, DAVID M**Claim Number:** 376928391311**Claim Date:** 01/20/2023-01/20/2023 **Claim Status Code:** 2

Patient ID: 32793018611	Group / Policy:	Facility Type: 22	Claim Charge: \$12,005.00
Patient Ctrl Nmbr: 0.2866164	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$8.97
Rendering Prvd: HSU,	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$8,898.00
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
240139366109556001	01/20/2023 - 01/20/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
240139366109556002	01/20/2023 - 01/20/2023				HC:95870 / 26 / 0			\$1,749.00	PR-204	\$1,749.00	\$0.00
240139366109556003	01/20/2023 - 01/20/2023				HC:95870 / 26,XU / 0			\$1,749.00	PR-204	\$1,749.00	\$0.00
240139366109556004	01/20/2023 - 01/20/2023				HC:95999 / / 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$44.86 (AU)

Patient Name: BEAM, ROSEMARY**Claim Number:** 376809335141**Claim Date:** 08/02/2022-08/02/2022 **Claim Status Code:** 2

Patient ID: 02701188412	Group / Policy:	Facility Type: 21	Claim Charge: \$19,104.00
Patient Ctrl Nmbr: 2399855	Contract Hdr:	Claim Frequency:	Claim Payment: \$112.10
Rendering Prvd: UNGAR,	Rendering Prv ID:	Claim Received Date: 09/25/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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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
000001	08/02/2022 - 08/02/2022				HC:95939 / 26 / 0			\$3,814.00	OA-23 OA-18	\$3,699.64 \$114.36	\$0.00
000002	08/02/2022 - 08/02/2022				HC:95822 / 26 / 0			\$1,755.00	OA-23 OA-18	\$1,700.00 \$55.00	\$0.00
000003	08/02/2022 - 08/02/2022				HC:95938 / 26 / 0			\$3,107.00	OA-23 OA-18	\$3,063.20 \$43.80	\$0.00
000004	08/02/2022 - 08/02/2022				HC:95861 / 26 / 0		\$78.56 (B6)	\$1,614.00	OA-23	\$1,598.29	\$15.71
000005	08/02/2022 - 08/02/2022				HC:95861 / 26,XU / 0		\$78.56 (B6)	\$1,614.00	OA-23	\$1,598.29	\$15.71
000006	08/02/2022 - 08/02/2022				HC:95999 / / 0		\$403.40 (B6)	\$7,200.00	OA-23	\$7,119.32	\$80.68

Supplemental Information - AMT/Payer Codes: \$560.52 (AU)

Patient Name: BELLAVIA, MARIO	Claim Number: 376408699401	Claim Date: 11/16/2022-11/16/2022	Claim Status Code: 2
Patient ID: 08541402611	Group / Policy:	Facility Type: 22	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2792770	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$45.39
Rendering Prvd: HSU,	Rendering Prv ID:	Claim Received Date: 09/21/2023	Patient Resp: \$13,048.00
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
248143615073556001	11/16/2022 - 11/16/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
248143615073556002	11/16/2022 - 11/16/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
248143615073556003	11/16/2022 - 11/16/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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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
248143615073556004	11/16/2022 - 11/16/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
248143615073556005	11/16/2022 - 11/16/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
248143615073556006	11/16/2022 - 11/16/2022				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
248143615073556007	11/16/2022 - 11/16/2022				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
248143615073556008	11/16/2022 - 11/16/2022				HC:95999 / / 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$226.94 (AU)

Patient Name: FISCHER, ESSALENE	Claim Number: 376340171271	Claim Date: 12/06/2022-12/06/2022	Claim Status Code: 2
Patient ID: 33509545611	Group / Policy:	Facility Type: 21	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2813594	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$45.99
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$13,048.00
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
208121655194556001	12/06/2022 - 12/06/2022				HC:95939 / 26 / 0		\$123.35 (B6)	\$3,814.00	OA-23	\$3,789.33	\$24.67
208121655194556002	12/06/2022 - 12/06/2022				HC:95822 / 26 / 0		\$59.36 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
208121655194556003	12/06/2022 - 12/06/2022				HC:95938 / 26 / 0		\$47.27 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
208121655194556004	12/06/2022 - 12/06/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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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
208121655194556005	12/06/2022 - 12/06/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
208121655194556006	12/06/2022 - 12/06/2022				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
208121655194556007	12/06/2022 - 12/06/2022				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
208121655194556008	12/06/2022 - 12/06/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$229.98 (AU)

Patient Name: GRIFFIN, WILBERT	Claim Number: 278170178771	Claim Date: 06/15/2022-06/15/2022	Claim Status Code: 22
Patient ID: 31486780811	Group / Policy:	Facility Type: 21	Claim Charge: \$-20,904.00
Patient Ctrl Nmbr: 0.2603453	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$-45.22
Rendering Prvd: DEJESUS,	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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
262946080877556001	06/15/2022 - 06/15/2022				HC:95939 / 26 / 0			\$-3,814.00	OA-23	\$-3,789.74	\$-24.26
262946080877556002	06/15/2022 - 06/15/2022				HC:95822 / 26 / 0			\$-1,755.00	OA-23	\$-1,743.33	\$-11.67
262946080877556003	06/15/2022 - 06/15/2022				HC:95938 / 26 / 0			\$-3,107.00	OA-23	\$-3,097.71	\$-9.29
262946080877556004	06/15/2022 - 06/15/2022				HC:95861 / 26 / 0			\$-1,614.00	PR-204	\$-1,614.00	\$0.00
262946080877556005	06/15/2022 - 06/15/2022				HC:95861 / 26,XU / 0			\$-1,614.00	PR-204	\$-1,614.00	\$0.00

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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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
262946080877556006	06/15/2022 - 06/15/2022				HC:95999 // 0			\$-9,000.00	PR-204	\$-9,000.00	\$0.00

Patient Name: GRIFFIN, WILBERT	Claim Number: 377509433991	Claim Date: 06/15/2022-06/15/2022	Claim Status Code: 2
Patient ID: 31486780811	Group / Policy:	Facility Type: 21	Claim Charge: \$20,904.00
Patient Ctrl Nmbr: 2373253	Contract Hdr:	Claim Frequency:	Claim Payment: \$78.56
Rendering Prvd: DE JESUS,	Rendering Prv ID:	Claim Received Date: 10/02/2023	Patient Resp: \$9,000.00
Original Ref Nmbr: 278170178771			

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
000001	06/15/2022 - 06/15/2022				HC:95939 / 26 / 0		\$121.31 (B6)	\$3,814.00	OA-23	\$3,789.74	\$24.26
000002	06/15/2022 - 06/15/2022				HC:95822 / 26 / 0		\$58.35 (B6)	\$1,755.00	OA-23	\$1,743.33	\$11.67
000003	06/15/2022 - 06/15/2022				HC:95938 / 26 / 0		\$46.47 (B6)	\$3,107.00	OA-23	\$3,097.71	\$9.29
000004	06/15/2022 - 06/15/2022				HC:95861 / 26 / 0		\$83.37 (B6)	\$1,614.00	OA-23	\$1,597.33	\$16.67
000005	06/15/2022 - 06/15/2022				HC:95861 / 26,XU / 0		\$83.37 (B6)	\$1,614.00	OA-23	\$1,597.33	\$16.67
000006	06/15/2022 - 06/15/2022				HC:95999 // 0			\$9,000.00	PR-204	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$392.87 (AU)

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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Patient Name: HALL, VIVIAN	Claim Number: 378000172101	Claim Date: 01/16/2023-01/16/2023	Claim Status Code: 2
Patient ID: 03331644511	Group / Policy:	Facility Type: 22	Claim Charge: \$18,443.00
Patient Ctrl Nmbr: 0.2860132	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$69.87
Rendering Prvd: DEJESUS,	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$7,200.00
Original Ref Nmbr:			

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
235136718875556001	01/16/2023 - 01/16/2023				HC:95822 / 26 / 0		\$56.79 (B6)	\$1,755.00	OA-23	\$1,743.64	\$11.36
235136718875556002	01/16/2023 - 01/16/2023				HC:95938 / 26 / 0		\$45.08 (B6)	\$3,107.00	OA-23	\$3,097.98	\$9.02
235136718875556003	01/16/2023 - 01/16/2023				HC:95908 / 26 / 0		\$65.75 (B6)	\$437.00	OA-23	\$423.85	\$13.15
235136718875556004	01/16/2023 - 01/16/2023				HC:95886 / 26 / 0		\$90.84 (B6)	\$2,972.00	OA-23	\$2,953.83	\$18.17
235136718875556005	01/16/2023 - 01/16/2023				HC:95886 / 26,XU / 0		\$90.84 (B6)	\$2,972.00	OA-23	\$2,953.83	\$18.17
235136718875556006	01/16/2023 - 01/16/2023				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$349.30 (AU)

Patient Name: JONES, TERRY A	Claim Number: 376928392731	Claim Date: 01/09/2023-01/09/2023	Claim Status Code: 2
Patient ID: 30718630212	Group / Policy:	Facility Type: 21	Claim Charge: \$16,643.00
Patient Ctrl Nmbr: 0.2852953	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$69.45
Rendering Prvd: BURNS,	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$5,400.00
Original Ref Nmbr:			

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

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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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
228132929944556001	01/09/2023 - 01/09/2023				HC:95822 / 26 / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28
228132929944556002	01/09/2023 - 01/09/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
228132929944556003	01/09/2023 - 01/09/2023				HC:95908 / 26 / 0		\$65.20 (B6)	\$437.00	OA-23	\$423.96	\$13.04
228132929944556004	01/09/2023 - 01/09/2023				HC:95886 / 26 / 0		\$90.40 (B6)	\$2,972.00	OA-23	\$2,953.92	\$18.08
228132929944556005	01/09/2023 - 01/09/2023				HC:95886 / 26,XU / 0		\$90.40 (B6)	\$2,972.00	OA-23	\$2,953.92	\$18.08
228132929944556006	01/09/2023 - 01/09/2023				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$347.25 (AU)

Patient Name: LUCAS-GANCEDO, KATHRYN **Claim Number:** 376806930551
B

Claim Date: 06/27/2022-06/27/2022 **Claim Status Code:** 2

Patient ID: 33765159211	Group / Policy:	Facility Type: 21	Claim Charge:	\$10,826.00
Patient Ctrl Nmbr: 2378308	Contract Hdr:	Claim Frequency:	Claim Payment:	\$38.84
Rendering Prvd: HSU,	Rendering Prv ID:	Claim Received Date: 09/25/2023	Patient Resp:	\$5,400.00
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
000001	06/27/2022 - 06/27/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23 PI-94	\$1,743.41 \$-0.13	\$11.72
000002	06/27/2022 - 06/27/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23 PI-94	\$3,097.77 \$-0.10	\$9.33
000003	06/27/2022 - 06/27/2022				HC:92653 // 0		\$88.93 (B6)	\$564.00	OA-23 PI-94	\$546.41 \$-0.20	\$17.79

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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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
000004	06/27/2022 - 06/27/2022				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$194.18 (AU)

Patient Name: MAIN, JOHN S	Claim Number: 376408699331	Claim Date: 12/29/2022-12/29/2022	Claim Status Code: 2
Patient ID: 34266610111	Group / Policy:	Facility Type: 21	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2844279	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$45.39
Rendering Prvd: HSU,	Rendering Prv ID:	Claim Received Date: 09/21/2023	Patient Resp: \$13,048.00
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
229133658238556001	12/29/2022 - 12/29/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
229133658238556002	12/29/2022 - 12/29/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
229133658238556003	12/29/2022 - 12/29/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
229133658238556004	12/29/2022 - 12/29/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658238556005	12/29/2022 - 12/29/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
229133658238556006	12/29/2022 - 12/29/2022				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
229133658238556007	12/29/2022 - 12/29/2022				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
229133658238556008	12/29/2022 - 12/29/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$226.94 (AU)

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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Patient Name: MATTISON, TERRY	Claim Number: 376408699361	Claim Date: 09/08/2022-09/08/2022	Claim Status Code: 2
Patient ID: 33483713811	Group / Policy:	Facility Type: 21	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2705294	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$45.39
Rendering Prvd: HSU,	Rendering Prv ID:	Claim Received Date: 09/21/2023	Patient Resp: \$13,048.00
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
248143473096556001	09/08/2022 - 09/08/2022				HC:95939 / 26 / 0		\$121.69 (B6)	\$3,814.00	OA-23	\$3,789.66	\$24.34
248143473096556002	09/08/2022 - 09/08/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
248143473096556003	09/08/2022 - 09/08/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
248143473096556004	09/08/2022 - 09/08/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
248143473096556005	09/08/2022 - 09/08/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
248143473096556006	09/08/2022 - 09/08/2022				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
248143473096556007	09/08/2022 - 09/08/2022				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
248143473096556008	09/08/2022 - 09/08/2022				HC:95999 // 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$226.94 (AU)

Patient Name: MEASEL, DARRELL	Claim Number: 376340173251	Claim Date: 12/12/2022-12/12/2022	Claim Status Code: 2
Patient ID: 30601106411	Group / Policy:	Facility Type: 22	Claim Charge: \$16,110.00
Patient Ctrl Nmbr: 0.2821612	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$21.32
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$11,248.00
Original Ref Nmbr:			

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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Line Details											Results: 7
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
212123568556556001	12/12/2022 - 12/12/2022				HC:95822 / 26 / 0		\$59.36 (B6)	\$1,755.00	OA-23	\$1,743.13	\$11.87
212123568556556002	12/12/2022 - 12/12/2022				HC:95938 / 26 / 0		\$47.27 (B6)	\$3,107.00	OA-23	\$3,097.55	\$9.45
212123568556556003	12/12/2022 - 12/12/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
212123568556556004	12/12/2022 - 12/12/2022				HC:95861 / 26,XU / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
212123568556556005	12/12/2022 - 12/12/2022				HC:95868 / 26 / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
212123568556556006	12/12/2022 - 12/12/2022				HC:95868 / 26,XU / 0			\$1,310.00	PR-204	\$1,310.00	\$0.00
212123568556556007	12/12/2022 - 12/12/2022				HC:95999 // 0			\$5,400.00	PR-204	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$106.63 (AU)

Patient Name: MOORE, JAMES T	Claim Number: 376928390801	Claim Date: 01/10/2023-01/10/2023	Claim Status Code: 2
Patient ID: 03374313311	Group / Policy:	Facility Type: 21	Claim Charge: \$26,542.00
Patient Ctrl Nmbr: 0.2854416	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$100.72
Rendering Prvd: BURNS,	Rendering Prv ID:	Claim Received Date: 09/26/2023	Patient Resp: \$11,142.00
Original Ref Nmbr:			

Line Details											Results: 9
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
229133658294556001	01/10/2023 - 01/10/2023				HC:95939 / 26 / 0		\$117.24 (B6)	\$3,814.00	OA-23	\$3,790.55	\$23.45
229133658294556002	01/10/2023 - 01/10/2023				HC:95822 / 26,XU / 0		\$56.39 (B6)	\$1,755.00	OA-23	\$1,743.72	\$11.28

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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Line Details											Results: 9
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
229133658294556003	01/10/2023 - 01/10/2023				HC:95938 / 26 / 0		\$44.86 (B6)	\$3,107.00	OA-23	\$3,098.03	\$8.97
229133658294556004	01/10/2023 - 01/10/2023				HC:95910 / 26,XU / 0		\$104.30 (B6)	\$780.00	OA-23	\$759.14	\$20.86
229133658294556005	01/10/2023 - 01/10/2023				HC:51785 / 26 / 0			\$1,071.00	PR-204	\$1,071.00	\$0.00
229133658294556006	01/10/2023 - 01/10/2023				HC:51785 / 26,XU / 0			\$1,071.00	PR-204	\$1,071.00	\$0.00
229133658294556007	01/10/2023 - 01/10/2023				HC:95886 / 26 / 0		\$90.40 (B6)	\$2,972.00	OA-23	\$2,953.92	\$18.08
229133658294556008	01/10/2023 - 01/10/2023				HC:95886 / 26,XU / 0		\$90.40 (B6)	\$2,972.00	OA-23	\$2,953.92	\$18.08
229133658294556009	01/10/2023 - 01/10/2023				HC:95999 / / 0			\$9,000.00	PR-204	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$503.59 (AU)

Patient Name: NIELSEN, STEVEN D	Claim Number: 376806530601	Claim Date: 06/28/2022-06/28/2022	Claim Status Code: 2
Patient ID: 31479390611	Group / Policy:	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 2384087	Contract Hdr:	Claim Frequency:	Claim Payment: \$54.19
Rendering Prvd: NATH,	Rendering Prv ID:	Claim Received Date: 09/25/2023	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
000001	06/28/2022 - 06/28/2022				HC:95822 / 26 / 0			\$1,755.00	OA-23 OA-18	\$1,695.64 \$59.36	\$0.00
000002	06/28/2022 - 06/28/2022				HC:95938 / 26 / 0			\$3,107.00	OA-23 OA-18	\$3,059.73 \$47.27	\$0.00

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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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
000003	06/28/2022 - 06/28/2022				HC:95861 / 26 / 0		\$84.91 (B6)	\$1,614.00	OA-23	\$1,597.02	\$16.98
000004	06/28/2022 - 06/28/2022				HC:95861 / 26,XU / 0		\$84.91 (B6)	\$1,614.00	OA-23	\$1,597.02	\$16.98
000005	06/28/2022 - 06/28/2022				HC:95999 // 0		\$101.13 (B6)	\$5,400.00	OA-23	\$5,379.77	\$20.23

Supplemental Information - AMT/Payer Codes: \$270.95 (AU)

Patient Name: PEEK, JANICE	Claim Number: 378008698101	Claim Date: 11/16/2022-11/16/2022	Claim Status Code: 2
Patient ID: 31113213211	Group / Policy:	Facility Type: 21	Claim Charge: \$12,442.00
Patient Ctrl Nmbr: 0.2792842	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$14.55
Rendering Prvd: MCAULIFFE,	Rendering Prv ID:	Claim Received Date: 10/07/2023	Patient Resp: \$6,428.52
Original Ref Nmbr:			

Line Details **Results: 7**

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
198115779976556001	11/16/2022 - 11/16/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23 PR-2	\$1,743.28 \$5.86	\$5.86
198115779976556002	11/16/2022 - 11/16/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23 PR-2	\$3,097.67 \$4.66	\$4.67
198115779976556003	11/16/2022 - 11/16/2022				HC:95861 / 26 / 0			\$1,614.00	PR-204	\$1,614.00	\$0.00
198115779976556004	11/16/2022 - 11/16/2022				HC:95861 / 26,XU / 0			\$1,200.00	PR-204	\$1,200.00	\$0.00
198115779976556005	11/16/2022 - 11/16/2022				HC:95870 / 26,XU / 0		\$20.03 (B6)	\$583.00	OA-23 PR-2	\$578.99 \$2.00	\$2.01
198115779976556006	11/16/2022 - 11/16/2022				HC:95870 / 26,XU / 0		\$20.03 (B6)	\$583.00	OA-23 PR-2	\$578.99 \$2.00	\$2.01

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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Line Details											Results: 7
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
198115779976556007	11/16/2022 - 11/16/2022				HC:95999 // 0			\$3,600.00	PR-204	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$145.31 (AU)

Patient Name: SENNINGER, GARY	Claim Number: 376408699341	Claim Date: 11/17/2022-11/17/2022	Claim Status Code: 2
Patient ID: 31135963511	Group / Policy:	Facility Type: 21	Claim Charge: \$18,561.00
Patient Ctrl Nmbr: 0.2794544	Contract Hdr:	Claim Frequency: 1	Claim Payment: \$74.72
Rendering Prvd: HSU,	Rendering Prv ID:	Claim Received Date: 09/21/2023	Patient Resp: \$7,200.00
Original Ref Nmbr:			

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
198115796711556001	11/17/2022 - 11/17/2022				HC:95822 / 26 / 0		\$58.59 (B6)	\$1,755.00	OA-23	\$1,743.28	\$11.72
198115796711556002	11/17/2022 - 11/17/2022				HC:95938 / 26 / 0		\$46.66 (B6)	\$3,107.00	OA-23	\$3,097.67	\$9.33
198115796711556003	11/17/2022 - 11/17/2022				HC:95909 / 26 / 0		\$81.74 (B6)	\$555.00	OA-23	\$538.65	\$16.35
198115796711556004	11/17/2022 - 11/17/2022				HC:95886 / 26 / 0		\$93.32 (B6)	\$2,972.00	OA-23	\$2,953.34	\$18.66
198115796711556005	11/17/2022 - 11/17/2022				HC:95886 / 26,XU / 0		\$93.32 (B6)	\$2,972.00	OA-23	\$2,953.34	\$18.66
198115796711556006	11/17/2022 - 11/17/2022				HC:95999 / / 0			\$7,200.00	PR-204	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$373.63 (AU)

Code Descriptions

AMT CODE(S):

B6=Allowed - Actual

Payer: AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE	Check/EFT Trace Number: 9974374734	Check/EFT Date: 10/19/2023	Total Paid: \$780.23
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AMT CODE(S):

AU=Coverage Amount

GROUP CODE(S):

OA=Other Adjustments

PR=Patient Responsibility

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

204=This service/equipment/drug is not covered under the patient's current benefit plan

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

94=Processed in Excess of charges.

2=Coinsurance Amount

CLAIM STATUS CODE(S):

2=Processed as Secondary

22=Reversal of Previous Payment