

**Check Summary****Transaction Date:** October 17, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 23287B1000015285 <b>Payment Amount:</b> 0.00 <b>Check/EFT Date:</b> 10/17/2023 <b>Production End Cycle Date:</b> 10/12/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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**Patient Name:** RUOTTINEN, CHRISTINE F**Claim Number:** 23J924867300**Claim Date:** 08/31/2022-08/31/2022 **Claim Status Code:** 22

<b>Patient ID:</b> 117873678	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b> \$-19,924.00
<b>Patient Ctrl Nmbr:</b> 0.2693626	<b>Contract Hdr:</b> AZ MEDICARE	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/10/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
7067471816Z1	08/31/2022 - 08/31/2022				HC:95939 / 26 / 1	N366		\$-3,814.00	CO-251	\$-3,814.00	\$0.00
7067471816Z2	08/31/2022 - 08/31/2022				HC:95822 / 26 / 1	N366		\$-1,755.00	CO-251	\$-1,755.00	\$0.00
7067471816Z3	08/31/2022 - 08/31/2022				HC:95938 / 26 / 1	N366		\$-3,107.00	CO-251	\$-3,107.00	\$0.00
7067471816Z4	08/31/2022 - 08/31/2022				HC:95861 / 26 / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
7067471816Z5	08/31/2022 - 08/31/2022				HC:95861 / 26,XU / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
7067471816Z6	08/31/2022 - 08/31/2022				HC:95868 / 26 / 1			\$-1,310.00	CO-151	\$-1,310.00	\$0.00
7067471816Z7	08/31/2022 - 08/31/2022				HC:95868 / 26,XU / 1			\$-1,310.00	CO-151	\$-1,310.00	\$0.00
7067471816Z8	08/31/2022 - 08/31/2022				HC:95999 // 3	N366		\$-5,400.00	CO-251	\$-5,400.00	\$0.00

<b>Payer:</b> ARIZONA PHYSICIANS IPA INC	<b>Check/EFT Trace Number:</b> 23287B1000015285	<b>Check/EFT Date:</b> 10/17/2023	<b>Total Paid:</b> \$0.00
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Medicare Outpatient Adjudication Information:Remark Codes - N366

**Patient Name:** RUOTTINEN, CHRISTINE F    **Claim Number:** 23J924867301    **Claim Date:** 08/31/2022-08/31/2022    **Claim Status Code:** 1

<b>Patient ID:</b> 117873678	<b>Group / Policy:</b>	<b>Facility Type:</b> 22	<b>Claim Charge:</b>	\$19,924.00
<b>Patient Ctrl Nmbr:</b> 0.2693626	<b>Contract Hdr:</b> AZ MEDICARE	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 07/10/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>				

**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
7067471816Z1	08/31/2022 - 08/31/2022				HC:95939 / 26 / 1	N366		\$3,814.00	CO-251	\$3,814.00	\$0.00
7067471816Z2	08/31/2022 - 08/31/2022				HC:95822 / 26 / 1	N366		\$1,755.00	CO-251	\$1,755.00	\$0.00
7067471816Z3	08/31/2022 - 08/31/2022				HC:95938 / 26 / 1	N366		\$3,107.00	CO-251	\$3,107.00	\$0.00
7067471816Z4	08/31/2022 - 08/31/2022				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7067471816Z5	08/31/2022 - 08/31/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
7067471816Z6	08/31/2022 - 08/31/2022				HC:95868 / 26 / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7067471816Z7	08/31/2022 - 08/31/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
7067471816Z8	08/31/2022 - 08/31/2022				HC:95999 // 3	N366		\$5,400.00	CO-251	\$5,400.00	\$0.00

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.

<b>Payer:</b> ARIZONA PHYSICIANS IPA INC	<b>Check/EFT Trace Number:</b> 23287B1000015285	<b>Check/EFT Date:</b> 10/17/2023	<b>Total Paid:</b> \$0.00
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**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):**

22=Reversal of Previous Payment

1=Processed as Primary