

Check Summary**Transaction Date:** October 13, 2023

HUMANA INC.	Payee Tax ID:	271622508	Payee Name:	MONITORING ASSOCIATES
P.O. BOX 14601	Payee ID:	1174916522	Payee Address:	DEPT 880256
LEXINGTON, KY 405124601	Check/EFT Trace Number:	117811772231014		PO BOX 29650
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?	Payment Amount:	645.46		PHOENIX, AZ 850389650
FILE=2859948	Check/EFT Date:	10/13/2023		
	Production End Cycle Date:	10/13/2023		

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6	SUM OF INTEREST OWED	\$0.11

Patient Name: KINLEY, LINDSAY**Claim Number:** 820232560624606**Claim Date:** 10/28/2022-10/28/2022 **Claim Status Code:** 1**Patient ID:** H67127602**Group / Policy:** 0Y058001**Facility Type:** 13**Claim Charge:** \$18,144.00**Patient Ctrl Nmbr:** 0.2766743**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$271.42**Rendering Prvd:** FILE, SIGNATURE ON**Rendering Prv ID:****Claim Received Date:** 09/13/2023**Patient Resp:** \$69.23**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
	10/28/2022 - 10/28/2022				HC:95999 // 3	N19		\$0.01	CO-97	\$0.01	\$0.00
	10/28/2022 - 10/28/2022				HC:95999 // 1	N19		\$0.01	CO-97	\$0.01	\$0.00
7280109999Z1	10/28/2022 - 10/28/2022				HC:95822 / 26 / 1	N781	\$58.59 (B6)	\$1,755.00	PR-2 CO-253 CO-45	\$11.72 \$0.94 \$1,696.41	\$45.93
7280109999Z2	10/28/2022 - 10/28/2022				HC:95938 / 26 / 1	N781	\$46.66 (B6)	\$3,107.00	PR-2 CO-253 CO-45	\$9.33 \$0.75 \$3,060.34	\$36.58
7280109999Z3	10/28/2022 - 10/28/2022				HC:95907 / 26 / 1	N781	\$54.30 (B6)	\$137.98	PR-2 CO-253 CO-45	\$10.86 \$0.87 \$83.68	\$42.57

Payer: HUMANA INC.	Check/EFT Trace Number: 117811772231014	Check/EFT Date: 10/13/2023	Total Paid: \$645.46
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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
7280109999Z4	10/28/2022 - 10/28/2022				HC:95886 / 26 / 2	N781	\$93.32 (B6)	\$2,972.00	PR-2 CO-253 CO-45	\$18.66 \$1.49 \$2,878.68	\$73.17
7280109999Z5	10/28/2022 - 10/28/2022				HC:95886 / 26,XU / 2	N781	\$93.32 (B6)	\$2,972.00	PR-2 CO-253 CO-45	\$18.66 \$1.49 \$2,878.68	\$73.17
7280109999Z6	10/28/2022 - 10/28/2022				HC:95999 // 4	N19		\$7,200.00	CO-97	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.11 (I)

Patient Name: ROBATAILLE, DEBORAH	Claim Number: 820232762045823	Claim Date: 07/12/2023-07/12/2023	Claim Status Code: 1
Patient ID: H69021263	Group / Policy: 0X965501	Facility Type: 21	Claim Charge: \$16,110.00
Patient Ctrl Nmbr: 0.3070092	Contract Hdr: MEDICARE ADVANTAGE PPO	Claim Frequency: 1	Claim Payment: \$373.93
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/03/2023	Patient Resp: \$0.00
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
7366093082Z7	07/12/2023 - 07/12/2023				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00
7366093082Z1	07/12/2023 - 07/12/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7366093082Z2	07/12/2023 - 07/12/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61
7366093082Z3	07/12/2023 - 07/12/2023				HC:95861 / 26 / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94
7366093082Z4	07/12/2023 - 07/12/2023				HC:95861 / 26,XU / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94

Payer: HUMANA INC.	Check/EFT Trace Number: 117811772231014	Check/EFT Date: 10/13/2023	Total Paid: \$645.46
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Line Details											Results: 7
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
7366093082Z5	07/12/2023 - 07/12/2023				HC:95868 / 26 / 1		\$61.47 (B6)	\$1,310.00	CO-253 CO-45	\$1.23 \$1,248.53	\$60.24
7366093082Z6	07/12/2023 - 07/12/2023				HC:95868 / 26,XU / 1		\$61.47 (B6)	\$1,310.00	CO-253 CO-45	\$1.23 \$1,248.53	\$60.24

Code Descriptions

REMARK CODE(S):

L6=Interest Owed

N19=Procedure code incidental to primary procedure.

N781=Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible. This amount may be billed to a subsequent payer.

AMT CODE(S):

B6=Allowed - Actual

I=Interest

GROUP CODE(S):

CO=Contractual Obligations

PR=Patient Responsibility

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.

2=Coinsurance Amount

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