

Check Summary**Transaction Date:** October 27, 2023

HMO PARTNERS DBA HEALTH ADVANTAGE PO BOX 2181 LITTLE ROCK, AR 722032181	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 000130115085 Payment Amount: 0.00 Check/EFT Date: 10/27/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: DEPT 880256 P O BOX 29650 PHOENIX, AZ 850389650
---	--	---

Patient Name: ANGEL SMITH, DANITA L**Claim Number:** 231017300164**Claim Date:** 08/19/2021-08/19/2021 **Claim Status Code:** 4

Patient ID: PXGY0038587301	Group / Policy:	Facility Type:	Claim Charge: \$16,908.00
Patient Ctrl Nmbr: 2054653	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date: 10/17/2023	Patient Resp: \$16,908.00
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
0001	08/19/2021 - 08/19/2021	271622508			HC:95941 // 3.00	N706	\$587.16 (B6)	\$8,280.00	PR-226	\$8,280.00	\$0.00
0002	08/19/2021 - 08/19/2021	271622508			HC:95861 / 26 / 1.00	N706	\$124.48 (B6)	\$1,614.00	PR-226	\$1,614.00	\$0.00
0003	08/19/2021 - 08/19/2021	271622508			HC:95861 / 26,XU / 1.00	N706	\$124.48 (B6)	\$1,614.00	PR-226	\$1,614.00	\$0.00
0004	08/19/2021 - 08/19/2021	271622508			HC:95999 // 3.00	N706	\$4,320.00 (B6)	\$5,400.00	PR-226	\$5,400.00	\$0.00

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

N706=Missing documentation.

AMT CODE(S):

B6=Allowed - Actual

Payer: HMO PARTNERS DBA HEALTH ADVANTAGE	Check/EFT Trace Number: 000130115085	Check/EFT Date: 10/27/2023	Total Paid: \$0.00
---	---	-----------------------------------	---------------------------

GROUP CODE(S):

PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. 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.)

CLAIM STATUS CODE(S):

4=Denied