

**Check Summary****Transaction Date:** October 26, 2023

TRIWEST HEALTHCARE ALLIANCE PO BOX 42270 PHOENIX, AZ 850802270 WWW.TRIWEST.COM	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 5424951299VT4 <b>Payment Amount:</b> 692.90 <b>Check/EFT Date:</b> 10/26/2023 <b>Production End Cycle Date:</b> 10/26/2023	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 85038
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**Patient Name:** MACKEY, RONDAL**Claim Number:** J291X2KHG0000**Claim Date:** 08/14/2023-08/14/2023 **Claim Status Code:** 1

<b>Patient ID:</b> 1003487048V051274 <b>Patient Ctrl Nmbr:</b> 0.3105831 <b>Rendering Prvd :</b> <b>Original Ref Nmbr:</b>	<b>Group / Policy:</b> <b>Contract Hdr:</b> <b>Rendering Prv ID:</b>	<b>Facility Type:</b> <b>Claim Frequency:</b> <b>Claim Received Date:</b> 10/18/2023	<b>Claim Charge:</b> \$14,149.00 <b>Claim Payment:</b> \$336.76 <b>Patient Resp:</b> \$0.00
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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
290167553431556001	08/14/2023 - 08/14/2023				HC:95938 / 26 /		\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
290167553431556002	08/14/2023 - 08/14/2023				HC:95955 / 26 /		\$52.66 (B6)	\$1,755.00	CO-45	\$1,702.34	\$52.66
290167553431556003	08/14/2023 - 08/14/2023				HC:95929 / 26 /		\$78.14 (B6)	\$2,459.00	CO-45	\$2,380.86	\$78.14
290167553431556004	08/14/2023 - 08/14/2023				HC:95861 / 26 /		\$80.55 (B6)	\$1,614.00	CO-45	\$1,533.45	\$80.55
290167553431556005	08/14/2023 - 08/14/2023				HC:95861 / 26,XU /		\$80.55 (B6)	\$1,614.00	CO-45	\$1,533.45	\$80.55
290167553431556006	08/14/2023 - 08/14/2023				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$336.76 (AU)

<b>Payer:</b> TRIWEST HEALTHCARE ALLIANCE	<b>Check/EFT Trace Number:</b> 5424951299VT4	<b>Check/EFT Date:</b> 10/26/2023	<b>Total Paid:</b> \$692.90
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<b>Patient Name:</b> PEOPLES, DEBRA	<b>Claim Number:</b> J298X232V0000	<b>Claim Date:</b> 08/05/2023-08/05/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 1018010882V995527	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$5,379.00
<b>Patient Ctrl Nmbr:</b> 0.3095420	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$97.52
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 2
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
297171666346556001	08/05/2023 - 08/05/2023				HC:95938 / 26 /		\$44.86 (B6)	\$2,943.00	CO-45	\$2,898.14	\$44.86
297171666346556002	08/05/2023 - 08/05/2023				HC:95955 / 26 /		\$52.66 (B6)	\$2,436.00	CO-45	\$2,383.34	\$52.66

Supplemental Information - AMT/Payer Codes: \$97.52 (AU)

<b>Patient Name:</b> PEOPLES, DEBRA	<b>Claim Number:</b> J298X232W0000	<b>Claim Date:</b> 08/01/2023-08/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 1018010882V995527	<b>Group / Policy:</b>	<b>Facility Type:</b>	<b>Claim Charge:</b> \$11,690.00
<b>Patient Ctrl Nmbr:</b> 0.3091431	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$258.62
<b>Rendering Prvd: ,</b>	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 10/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

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
297171666663556001	08/01/2023 - 08/01/2023				HC:95938 / 26 /		\$44.86 (B6)	\$3,107.00	CO-45	\$3,062.14	\$44.86
297171666663556002	08/01/2023 - 08/01/2023				HC:95955 / 26 /		\$52.66 (B6)	\$1,755.00	CO-45	\$1,702.34	\$52.66
297171666663556003	08/01/2023 - 08/01/2023				HC:95861 / 26 /		\$80.55 (B6)	\$1,614.00	CO-45	\$1,533.45	\$80.55
297171666663556004	08/01/2023 - 08/01/2023				HC:95861 / 26,XU /		\$80.55 (B6)	\$1,614.00	CO-45	\$1,533.45	\$80.55

<b>Payer:</b> TRIWEST HEALTHCARE ALLIANCE	<b>Check/EFT Trace Number:</b> 5424951299VT4	<b>Check/EFT Date:</b> 10/26/2023	<b>Total Paid:</b> \$692.90
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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
297171666663556005	08/01/2023 - 08/01/2023				HC:95999 // 2			\$3,600.00	CO-222	\$3,600.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$258.62 (AU)

#### Code Descriptions

##### AMT CODE(S):

B6=Allowed - Actual  
AU=Coverage Amount

##### GROUP CODE(S):

CO=Contractual Obligations

##### CLAIM ADJUSTMENT REASON CODE(S):

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)  
222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

##### CLAIM STATUS CODE(S):

1=Processed as Primary