

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

UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC PO BOX 5290 KINGSTON, NY 124025290	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	9811 W CHARLESTON BLVD
	<b>Check/EFT Trace Number:</b>	23287B1000459483		STE 2 641
	<b>Payment Amount:</b>	0.00		LAS VEGAS, NV 89117
	<b>Check/EFT Date:</b>	10/17/2023		
	<b>Production End Cycle Date:</b>	10/12/2023		

**Patient Name:** BOWMAN, WALTER F**Claim Number:** 23G494682600**Claim Date:** 10/17/2022-10/17/2022 **Claim Status Code:** 22

<b>Patient ID:</b> 118098503	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$-21,724.00
<b>Patient Ctrl Nmbr:</b> 0.2749758	<b>Contract Hdr:</b> TN DUAL SNP FULL	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd:</b> ,	COVERAGE	<b>Claim Received Date:</b> 05/06/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>	<b>Rendering Prv ID:</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
6869683169Z1	10/17/2022 - 10/17/2022				HC:95939 / 26 / 1	N366		\$-3,814.00	CO-251	\$-3,814.00	\$0.00
6869683169Z2	10/17/2022 - 10/17/2022				HC:95822 / 26 / 1	N366		\$-1,755.00	CO-251	\$-1,755.00	\$0.00
6869683169Z3	10/17/2022 - 10/17/2022				HC:95938 / 26 / 1	N366		\$-3,107.00	CO-251	\$-3,107.00	\$0.00
6869683169Z4	10/17/2022 - 10/17/2022				HC:95861 / 26 / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
6869683169Z5	10/17/2022 - 10/17/2022				HC:95861 / 26,XU / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
6869683169Z6	10/17/2022 - 10/17/2022				HC:95868 / 26 / 1			\$-1,310.00	CO-151	\$-1,310.00	\$0.00
6869683169Z7	10/17/2022 - 10/17/2022				HC:95868 / 26,XU / 1			\$-1,310.00	CO-151	\$-1,310.00	\$0.00
6869683169Z8	10/17/2022 - 10/17/2022				HC:95999 // 4	N366		\$-7,200.00	CO-251	\$-7,200.00	\$0.00

<b>Payer:</b> UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	<b>Check/EFT Trace Number:</b> 23287B1000459483	<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:** BOWMAN, WALTER F      **Claim Number:** 23G494682601      **Claim Date:** 10/17/2022-10/17/2022      **Claim Status Code:** 19 - UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.

<b>Patient ID:</b> 118098503	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$21,724.00
<b>Patient Ctrl Nmbr:</b> 0.2749758	<b>Contract Hdr:</b> TN DUAL SNP FULL	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd :</b>	COVERAGE	<b>Claim Received Date:</b> 05/06/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>	<b>Rendering Prv ID:</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
6869683169Z1	10/17/2022 - 10/17/2022				HC:95939 / 26 / 1	N366		\$3,814.00	CO-251	\$3,814.00	\$0.00
6869683169Z2	10/17/2022 - 10/17/2022				HC:95822 / 26 / 1	N366		\$1,755.00	CO-251	\$1,755.00	\$0.00
6869683169Z3	10/17/2022 - 10/17/2022				HC:95938 / 26 / 1	N366		\$3,107.00	CO-251	\$3,107.00	\$0.00
6869683169Z4	10/17/2022 - 10/17/2022				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
6869683169Z5	10/17/2022 - 10/17/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
6869683169Z6	10/17/2022 - 10/17/2022				HC:95868 / 26 / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
6869683169Z7	10/17/2022 - 10/17/2022				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
6869683169Z8	10/17/2022 - 10/17/2022				HC:95999 // 4	N640		\$7,200.00	CO-150	\$7,200.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - N366, N640

#### 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.

N640=Exceeds number/frequency approved/allowed within time period.

<b>Payer:</b> UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	<b>Check/EFT Trace Number:</b> 23287B1000459483	<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.

150=Payer deems the information submitted does not support this level of service.

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

19=Processed as Primary, Forwarded to Additional Payer(s)