

Check Summary**Transaction Date:** October 11, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1407187701 Check/EFT Trace Number: 117661899231012 Payment Amount: 2,967.69 Check/EFT Date: 10/11/2023 Production End Cycle Date: 10/11/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: BALANON, LOURDES**Claim Number:** 820231660401703**Claim Date:** 08/17/2022-08/17/2022 **Claim Status Code:** 1**Patient ID:** H53063985**Group / Policy:** 0X193901**Facility Type:** 11**Claim Charge:** \$13,490.00**Patient Ctrl Nmbr:** 0.2676631**Contract Hdr:** MEDICARE ADVANTAGE HMO**Claim Frequency:** 1**Claim Payment:** \$2,967.69**Rendering Prvd:** MONITORING ASSOCIATES, **Rendering Prv ID:****Claim Received Date:** 06/15/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****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
	08/17/2022 - 08/17/2022				HC:95999 / / 3		\$2,700.00 (B6)	\$5,400.00	CO-45	\$2,700.00	\$2,700.00
	08/17/2022 - 08/17/2022				HC:95822 / 26 / 1		\$58.59 (B6)	\$1,755.00	CO-253 CO-45	\$1.17 \$1,696.41	\$57.42
	08/17/2022 - 08/17/2022				HC:95938 / 26 / 1		\$46.66 (B6)	\$3,107.00	CO-253 CO-45	\$0.93 \$3,060.34	\$45.73
	08/17/2022 - 08/17/2022				HC:95861 / 26 / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27
	08/17/2022 - 08/17/2022				HC:95861 / 26,XU / 1		\$83.95 (B6)	\$1,614.00	CO-253 CO-45	\$1.68 \$1,530.05	\$82.27

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

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

Payer: HUMANA INC.	Check/EFT Trace Number: 117661899231012	Check/EFT Date: 10/11/2023	Total Paid: \$2,967.69
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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)
253=Sequestration - reduction in federal payment

CLAIM STATUS CODE(S):

1=Processed as Primary