

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

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: NO-PAY-202310170006134 Payment Amount: 0.00 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/17/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: MADULI, CELESTINO**Claim Number:** 820212730587221**Claim Date:** 07/08/2021-07/08/2021 **Claim Status Code:** 1**Patient ID:** H74515793**Group / Policy:** 0Y923401**Facility Type:** 11**Claim Charge:** \$19,803.00**Patient Ctrl Nmbr:** MDX21357026**Contract Hdr:** MEDICARE ADVANTAGE PPO**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** MONITORING ASSOCIATES, **Rendering Prv ID:****Claim Received Date:** 09/30/2021**Patient Resp:** \$0.00**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
	07/08/2021 - 07/08/2021				HC:G0453 / 59 / 8			\$7,864.00	CO-18	\$7,864.00	\$0.00
	07/08/2021 - 07/08/2021				HC:95939 / 26 / 1			\$3,814.00	CO-18	\$3,814.00	\$0.00
	07/08/2021 - 07/08/2021				HC:95938 / 26 / 1			\$3,107.00	CO-18	\$3,107.00	\$0.00
	07/08/2021 - 07/08/2021				HC:95955 / 26 / 1			\$1,755.00	CO-18	\$1,755.00	\$0.00
	07/08/2021 - 07/08/2021				HC:95868 / 26 / 1			\$1,310.00	CO-18	\$1,310.00	\$0.00
	07/08/2021 - 07/08/2021				HC:95870 / 26 / 2			\$1,166.00	CO-18	\$1,166.00	\$0.00
	07/08/2021 - 07/08/2021				HC:95937 / 26 / 1			\$500.00	CO-18	\$500.00	\$0.00
	07/08/2021 - 07/08/2021				HC:95927 / 26 / 1			\$287.00	CO-18	\$287.00	\$0.00

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-202310170006134	Check/EFT Date: 10/17/2023	Total Paid: \$0.00
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Code Descriptions

GROUP CODE(S):

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

CLAIM STATUS CODE(S):

1=Processed as Primary