

Payer
UNITED HEALTHCARE INSURANCE COMPANY (87726)
9900 BREN ROAD
MINNETONKA MN, 553439664

Payee
ABC MEDICAL SOLUTIONS
123 Tech Drive
Ruston, LA 71270
Group Number: UNKNOWN
Check Number: xxxxxxxx

SUMMARY OF BENEFITS

Patient: Doe, Jane

Billed: \$263.00

Paid: \$0.00

Patient Resp: \$97.88

Insured ID #: 123456789

Provider: Dr. Smith

Other Provider Number: Not Available

Claim #: xxxxxxxxxx

Primary TCN: xxxxxxxxxxxxxxxx

Pay Date: 02/07/2022

CPT	Units	Billed	Allow	Pay	Deduct	Coins	Copay	Oth PR		Reas/Remk
Service Dates			Contr	WHold	Global	Cap	Oth CO	Denied	Incent	Reas/Remk
96372	1	\$35.00	\$17.87	\$0.00	\$17.87	\$0.00	\$0.00	\$0.00		PR1
01/25/2022 to 01/25/2022			\$17.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CO45
99214,25	1	\$153.00	\$78.89	\$0.00	\$78.89	\$0.00	\$0.00	\$0.00		PR1
01/25/2022 to 01/25/2022			\$74.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CO45
J0696	2	\$55.00	\$1.00	\$0.00	\$1.00	\$0.00	\$0.00	\$0.00		PR1
01/25/2022 to 01/25/2022			\$54.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CO45
J1100	1	\$20.00	\$0.12	\$0.00	\$0.12	\$0.00	\$0.00	\$0.00		PR1
01/25/2022 to 01/25/2022			\$19.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CO45

- CO45:** 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)
- PR1:** Deductible Amount

Total Payments for this claim: \$0.00