

## Check Summary

Transaction Date: July 29, 2023

AETNA BETTER HEALTH OF ILLINOIS - MEDICAID 3200 HIGHLAND AVENUE, MC F648 DOWNERS GROVE, IL 60515	<b>Payee Tax ID:</b>	475062035	<b>Payee Name:</b>	SEEMA ELAHI MD INC
	<b>Payee ID:</b>	1912379942	<b>Payee Address:</b>	450 E 22ND ST STE 100
	<b>Check/EFT Trace Number:</b>	232070000014077		LOMBARD, IL 60148
	<b>Payment Amount:</b>	0.00		
	<b>Check/EFT Date:</b>	07/29/2023		
	<b>Production End Cycle Date:</b>	07/27/2023		

## Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
72	REFUND CHECK	\$444.78
FB		\$-1.60

Patient Name: ABED, NEDAA

Claim Number: 23201E0018765

Claim Date: 05/11/2023-05/11/2023 Claim Status Code: 1

Patient ID: 169284478

Group / Policy:

Facility Type: 02

Claim Charge: \$760.00

Patient Ctrl Nmbr: ABENE000-460688

Contract Hdr:

Claim Frequency:

Claim Payment: \$0.00

Rendering Prvd: ELAHI, SEEMA

Rendering Prv ID: 1952326019

Claim Received Date: 07/20/2023

Patient Resp: \$0.00

Original Ref Nmbr:

## 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
1802816	05/11/2023 - 05/11/2023	1952326019			HC:87637 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802815	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1802817	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1802813	05/11/2023 - 05/11/2023	1952326019			HC:99203 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802814	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</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
1802813	05/11/2023 - 05/11/2023	1952326019			HC:99213 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00

<b>Patient Name:</b> ABU-ALHAWA, WAFA	<b>Claim Number:</b> 23201E0018770	<b>Claim Date:</b> 05/09/2023-05/09/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 346087240	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> ABUWA000-465884	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846750	05/09/2023 - 05/09/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846749	05/09/2023 - 05/09/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1846751	05/09/2023 - 05/09/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1846747	05/09/2023 - 05/09/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1846748	05/09/2023 - 05/09/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> ALEXANDER, RAMONA A	<b>Claim Number:</b> 23205E0029718	<b>Claim Date:</b> 02/21/2023-02/21/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 074306994	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$170.00
<b>Patient Ctrl Nmbr:</b> ALERA002-510919	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1162034	02/21/2023 - 02/21/2023	1952326019			HC:99212 // 1			\$120.00	OA-18	\$120.00	\$0.00
1162035	02/21/2023 - 02/21/2023	1952326019			HC:G2023 // 1			\$50.00	OA-18	\$50.00	\$0.00

<b>Patient Name:</b> ALSTON, MALIA	<b>Claim Number:</b> 23201E0018767	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 233497908	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> ALSMA001-465947	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847169	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847168	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847170	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847166	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847167	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> ANDERSON, AVA	<b>Claim Number:</b> 23201E0018772	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 350426623	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> ANDAV000-465974	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1847339	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847338	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847340	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847336	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847337	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> ANDERSON, DORICE	<b>Claim Number:</b> 23200E0026789	<b>Claim Date:</b> 05/05/2023-05/05/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 016354508	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> ANDDO003-453633	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<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
1770184	05/05/2023 - 05/05/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1770183	05/05/2023 - 05/05/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1770185	05/05/2023 - 05/05/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1770181	05/05/2023 - 05/05/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1770182	05/05/2023 - 05/05/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> ANDERSON, GREGORY	<b>Claim Number:</b> 23201E0018774	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 922998448	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> ANDGR001-465975	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847344	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847343	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847345	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847341	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847342	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> ANDRADE, NYLAH	<b>Claim Number:</b> 23201E0018776	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 353882046	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> ANDNY000-465910	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$23.46
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846918	05/10/2023 - 05/10/2023	1952326019			HC:87637 // 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1846917	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1846919	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	M77		\$50.00	CO-16	\$50.00	\$0.00
1846915	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1846916	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1		\$23.46 (B6)	\$50.00	CO-45	\$26.54	\$23.46

Supplemental Information - AMT/Payer Codes: \$23.46 (AU)

<b>Patient Name:</b> BAILEY, JOY'ANA	<b>Claim Number:</b> 23150E0015987R1	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 362824088	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$-50.00
<b>Patient Ctrl Nmbr:</b> BAIJO001-469921	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-12.88
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 05/30/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details** **Results: 1**

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
1913463	05/10/2023 - 05/10/2023	1952326019			HC:99211 / GT / -1		\$-12.88 (B6)	\$-50.00	CO-45	\$-37.12	\$-12.88

<b>Patient Name:</b> BAILEY, JOY'ANA	<b>Claim Number:</b> 23150E0015987A1	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 362824088	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> BAIJO001-469921	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details** **Results: 1**

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
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<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 1
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
1913463	05/10/2023 - 05/10/2023	1952326019			HC:99211 / GT / 1	N390		\$50.00	CO-97	\$50.00	\$0.00

<b>Patient Name:</b> BAILEY, JOY'ANA	<b>Claim Number:</b> 23201E0018780	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 362824088	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BAIJO001-465909	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$23.46
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846913	05/10/2023 - 05/10/2023	1952326019			HC:87637 // 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1846912	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00
1846914	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	M77		\$50.00	CO-16	\$50.00	\$0.00
1846910	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1846911	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1		\$23.46 (B6)	\$50.00	CO-45	\$26.54	\$23.46

Supplemental Information - AMT/Payer Codes: \$23.46 (AU)

<b>Patient Name:</b> BAPTISTE, N ASIA	<b>Claim Number:</b> 23150E0016108R1	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 175547645	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$-50.00
<b>Patient Ctrl Nmbr:</b> BAPNA000-469942	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-12.88
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 05/30/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 1
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
1913467	05/11/2023 - 05/11/2023	1952326019			HC:99211 / GT / -1		\$-12.88 (B6)	\$-50.00	CO-45	\$-37.12	\$-12.88

<b>Patient Name:</b> BAPTISTE, N ASIA	<b>Claim Number:</b> 23150E0016108A1	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 175547645	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> BAPNA000-469942	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
1913467	05/11/2023 - 05/11/2023	1952326019			HC:99211 / GT / 1	N390		\$50.00	CO-97	\$50.00	\$0.00

<b>Patient Name:</b> BAPTISTE, N ASIA	<b>Claim Number:</b> 23201E0018782	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 175547645	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BAPNA000-466002	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$23.46
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847513	05/11/2023 - 05/11/2023	1952326019			HC:87637 / / 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1847512	05/11/2023 - 05/11/2023	1952326019			HC:87636 / / 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00
1847514	05/11/2023 - 05/11/2023	1952326019			HC:99000 / / 1	M77		\$50.00	CO-16	\$50.00	\$0.00



<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1847510	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1847511	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1		\$23.46 (B6)	\$50.00	CO-45	\$26.54	\$23.46

Supplemental Information - AMT/Payer Codes: \$23.46 (AU)

<b>Patient Name:</b> BARBER, LEILANI	<b>Claim Number:</b> 23201E0018786	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 388105066	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BARLE000-465936	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$23.46
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847108	05/10/2023 - 05/10/2023	1952326019			HC:87637 // 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1847107	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00
1847109	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	M77		\$50.00	CO-16	\$50.00	\$0.00
1847105	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1847106	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1		\$23.46 (B6)	\$50.00	CO-45	\$26.54	\$23.46

Supplemental Information - AMT/Payer Codes: \$23.46 (AU)

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> BARRETT, ETHAN	<b>Claim Number:</b> 23201E0018784	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 227089109	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BARET000-466001	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847508	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847507	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847509	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847505	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847506	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BARRETT, ETHAN	<b>Claim Number:</b> 23150E0016110R1	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 227089109	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$-50.00
<b>Patient Ctrl Nmbr:</b> BARET000-469946	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-12.88
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 05/30/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
1913469	05/10/2023 - 05/10/2023	1952326019			HC:99211 / GT / -1		\$-12.88 (B6)	\$-50.00	CO-45	\$-37.12	\$-12.88

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> BARRETT, ETHAN	<b>Claim Number:</b> 23150E0016110A1	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 227089109	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> BARET000-469946	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
1913469	05/10/2023 - 05/10/2023	1952326019			HC:99211 / GT / 1	N390		\$50.00	CO-97	\$50.00	\$0.00

<b>Patient Name:</b> BATANYI, OTTILIA	<b>Claim Number:</b> 23201E0018790	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 224697540	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BATOT000-460641	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1802455	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802454	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1802456	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1802452	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1802453	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> BATES, ANGELICA	<b>Claim Number:</b> 23201E0018788	<b>Claim Date:</b> 05/09/2023-05/09/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 982606667	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$760.00
<b>Patient Ctrl Nmbr:</b> BATAN001-465880	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846724	05/09/2023 - 05/09/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846723	05/09/2023 - 05/09/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1846725	05/09/2023 - 05/09/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1846721	05/09/2023 - 05/09/2023	1952326019			HC:99203 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846722	05/09/2023 - 05/09/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BIGELOW, JUSTUS	<b>Claim Number:</b> 23201E0018794	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 335041786	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BIGJU000-465976	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847349	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847348	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1847350	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847346	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847347	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BIVENS-WILSON, MARQUISE		<b>Claim Number:</b> 23201E0018762		<b>Claim Date:</b> 05/11/2023-05/11/2023		<b>Claim Status Code:</b> 1	
<b>Patient ID:</b> 983659822		<b>Group / Policy:</b>		<b>Facility Type:</b> 02		<b>Claim Charge:</b> \$760.00	
<b>Patient Ctrl Nmbr:</b> BIVMA000-460662		<b>Contract Hdr:</b>		<b>Claim Frequency:</b>		<b>Claim Payment:</b> \$0.00	
<b>Rendering Prvd:</b> ELAHI, SEEMA		<b>Rendering Prv ID:</b> 1952326019		<b>Claim Received Date:</b> 07/20/2023		<b>Patient Resp:</b> \$0.00	
<b>Original Ref Nmbr:</b>							

**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
1802603	05/11/2023 - 05/11/2023	1952326019			HC:87637 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802602	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1802604	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1802600	05/11/2023 - 05/11/2023	1952326019			HC:99203 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802601	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1802600	05/11/2023 - 05/11/2023	1952326019			HC:99213 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> BLOUNT, DANYEAL	<b>Claim Number:</b> 23201E0018764	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 174698480	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BLODA000-460642	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1802466	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802465	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1802467	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1802463	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1802464	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BLOUNT, DEAVEN	<b>Claim Number:</b> 23201E0018766	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 191200724	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BLODE000-460684	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1802790	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802789	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1802791	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1802787	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1802788	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BONDS, AMANDA	<b>Claim Number:</b> 23201E0018768	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 359848173	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BONAM000-465946	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$23.46
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847164	05/10/2023 - 05/10/2023	1952326019			HC:87637 // 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1847163	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00
1847165	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	M77		\$50.00	CO-16	\$50.00	\$0.00
1847161	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1847162	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1		\$23.46 (B6)	\$50.00	CO-45	\$26.54	\$23.46

Supplemental Information - AMT/Payer Codes: \$23.46 (AU)

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> BONDS, PAIGE	<b>Claim Number:</b> 23201E0018769	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 085667467	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BONPA000-465939	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847129	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847128	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847130	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847126	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847127	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BRAXTON, LAKEYSHA	<b>Claim Number:</b> 23201E0018771	<b>Claim Date:</b> 05/05/2023-05/05/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 025493206	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$760.00
<b>Patient Ctrl Nmbr:</b> BRALA014-465874	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846692	05/05/2023 - 05/05/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846691	05/05/2023 - 05/05/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00



<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1846693	05/05/2023 - 05/05/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1846689	05/05/2023 - 05/05/2023	1952326019			HC:99203 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846690	05/05/2023 - 05/05/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BROWN, CARTER	<b>Claim Number:</b> 23201E0018773	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 358519114	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BROCA027-466015	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847584	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847583	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847585	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847581	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847582	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> BROWN, KAREE	<b>Claim Number:</b> 23201E0018775	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 358518454	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BROKA016-466014	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847579	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847578	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847580	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847576	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847577	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> BUTLER, SANAI	<b>Claim Number:</b> 23201E0018777	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 232312355	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> BUTSA001-466008	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847543	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847542	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1847544	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847540	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847541	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> CAPLES, KEJUAN	<b>Claim Number:</b> 23201E0018779	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 171826332	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> CAPKE000-465913	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846939	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846938	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1846940	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1846936	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1846937	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> CARPENTER, QUALYN	<b>Claim Number:</b> 23201E0018793	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 172705535	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$760.00
<b>Patient Ctrl Nmbr:</b> CARQU003-465911	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846929	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846928	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1846930	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1846926	05/10/2023 - 05/10/2023	1952326019			HC:99203 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1846927	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> CARRILLO, ESTEPHANY	<b>Claim Number:</b> 23201E0018795	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 231509639	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> CARES003-465984	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847389	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847388	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1847390	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847386	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847387	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> CARRILLO, ALONDRA	<b>Claim Number:</b> 23201E0018781	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 923845317	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> CARAL006-465983	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$23.46
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847384	05/10/2023 - 05/10/2023	1952326019			HC:87637 // 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1847383	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00
1847385	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	M77		\$50.00	CO-16	\$50.00	\$0.00
1847381	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1847382	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1		\$23.46 (B6)	\$50.00	CO-45	\$26.54	\$23.46

Supplemental Information - AMT/Payer Codes: \$23.46 (AU)

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> CARTER, ZYAIR	<b>Claim Number:</b> 23201E0018783	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 355725102	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$760.00
<b>Patient Ctrl Nmbr:</b> CARZY000-466020	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847615	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847614	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1847616	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847612	05/11/2023 - 05/11/2023	1952326019			HC:99203 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847613	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> CAUSEY, ANTONIO	<b>Claim Number:</b> 23201E0018778	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 073419905	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> ANTCA001-465938	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1847124	05/10/2023 - 05/10/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1847123	05/10/2023 - 05/10/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1847125	05/10/2023 - 05/10/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1847121	05/10/2023 - 05/10/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1847122	05/10/2023 - 05/10/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> CLEVELAND, EDWARD	<b>Claim Number:</b> 23201E0018785	<b>Claim Date:</b> 05/09/2023-05/09/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 158636571	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> CLEED000-465881	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$23.46
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1846729	05/09/2023 - 05/09/2023	1952326019			HC:87637 // 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1846728	05/09/2023 - 05/09/2023	1952326019			HC:87636 // 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00
1846730	05/09/2023 - 05/09/2023	1952326019			HC:99000 // 1	M77		\$50.00	CO-16	\$50.00	\$0.00
1846726	05/09/2023 - 05/09/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1846727	05/09/2023 - 05/09/2023	1952326019			HC:G2023 // 1		\$23.46 (B6)	\$50.00	CO-45	\$26.54	\$23.46

Supplemental Information - AMT/Payer Codes: \$23.46 (AU)

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> COLLINS, TORIANO J	<b>Claim Number:</b> 23201E0018789	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 230752578	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> COLTO006-460680	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/20/2023	<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
1802748	05/11/2023 - 05/11/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1802747	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1802749	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1802745	05/11/2023 - 05/11/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1802746	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> CURRIE, OMARI	<b>Claim Number:</b> 23200E0026762	<b>Claim Date:</b> 05/01/2023-05/01/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 221624489	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> CUROM000-433339	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<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
1716209	05/01/2023 - 05/01/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1716208	05/01/2023 - 05/01/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00



<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1716210	05/01/2023 - 05/01/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1716206	05/01/2023 - 05/01/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1716207	05/01/2023 - 05/01/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> DANIELS, JUELZ	<b>Claim Number:</b> 23152E0033729R1	<b>Claim Date:</b> 05/02/2023-05/02/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 355895467	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$-680.00
<b>Patient Ctrl Nmbr:</b> DANJU001-477316	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-49.11
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 06/01/2023	<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
1941265	05/02/2023 - 05/02/2023	1952326019			HC:87634 // -1	M77		\$-200.00	CO-16	\$-200.00	\$0.00
1941264	05/02/2023 - 05/02/2023	1952326019			HC:87636 // -1	M77		\$-260.00	CO-16	\$-260.00	\$0.00
1941266	05/02/2023 - 05/02/2023	1952326019			HC:99000 // -1	M77		\$-50.00	CO-16	\$-50.00	\$0.00
1941262	05/02/2023 - 05/02/2023	1952326019			HC:99212 / GT / -1		\$-25.65 (B6)	\$-120.00	CO-45	\$-94.35	\$-25.65
1941263	05/02/2023 - 05/02/2023	1952326019			HC:G2023 // -1		\$-23.46 (B6)	\$-50.00	CO-45	\$-26.54	\$-23.46

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> DAVENPORT, BRITTANY	<b>Claim Number:</b> 23200E0026769	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 076772045	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> DAVBR039-435725	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<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
1728122	05/03/2023 - 05/03/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1728121	05/03/2023 - 05/03/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1728123	05/03/2023 - 05/03/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1728119	05/03/2023 - 05/03/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1728120	05/03/2023 - 05/03/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> FULTON, CARTIER	<b>Claim Number:</b> 23202E0026766	<b>Claim Date:</b> 01/13/2023-01/13/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 393560099	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> CARFU000-300865	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/21/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
1145124	01/13/2023 - 01/13/2023	1952326019			HC:99211 // 1			\$50.00	CO-29	\$50.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> GOODLOE, CHANCIE	<b>Claim Number:</b> 23152E0033543R1	<b>Claim Date:</b> 04/30/2023-04/30/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 968178111	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$-680.00
<b>Patient Ctrl Nbr:</b> GOOCH009-477709	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-49.11
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 06/01/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 5
Line Ctrl Nbr	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
1941258	04/30/2023 - 04/30/2023	1952326019			HC:87634 // -1	M77		\$-200.00	CO-16	\$-200.00	\$0.00
1941257	04/30/2023 - 04/30/2023	1952326019			HC:87636 // -1	M77		\$-260.00	CO-16	\$-260.00	\$0.00
1941259	04/30/2023 - 04/30/2023	1952326019			HC:99000 // -1	M77		\$-50.00	CO-16	\$-50.00	\$0.00
1941255	04/30/2023 - 04/30/2023	1952326019			HC:99212 / GT / -1		\$-25.65 (B6)	\$-120.00	CO-45	\$-94.35	\$-25.65
1941256	04/30/2023 - 04/30/2023	1952326019			HC:G2023 // -1		\$-23.46 (B6)	\$-50.00	CO-45	\$-26.54	\$-23.46

<b>Patient Name:</b> GOODLOE, CHANCIE	<b>Claim Number:</b> 23198E0013868	<b>Claim Date:</b> 04/30/2023-04/30/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 968178111	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$510.00
<b>Patient Ctrl Nbr:</b> GOOCH009-545552	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/17/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nbr:</b>			

Line Details											Results: 3
Line Ctrl Nbr	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
1941258	04/30/2023 - 04/30/2023	1952326019			HC:87634 // 1	M54		\$200.00	CO-16	\$200.00	\$0.00
1941257	04/30/2023 - 04/30/2023	1952326019			HC:87636 // 1	M54		\$260.00	CO-16	\$260.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 3
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
1941259	04/30/2023 - 04/30/2023	1952326019			HC:99000 // 1	M54		\$50.00	CO-16	\$50.00	\$0.00

<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22357E0034804R1	<b>Claim Date:</b> 12/01/2022-12/01/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$-250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-194322	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-142.63
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 12/23/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
943879	12/01/2022 - 12/01/2022	1952326019			HC:87636 // -1		\$-142.63 (B6)	\$-250.00	CO-45	\$-107.37	\$-142.63

<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22357E0034804A1	<b>Claim Date:</b> 12/01/2022-12/01/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-194322	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2.85
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
943879	12/01/2022 - 12/01/2022	1952326019			HC:87636 // 1		\$142.63 (B6)	\$250.00	OA-23 OA-94	\$250.00 \$-2.85	\$2.85

Supplemental Information - AMT/Payer Codes: \$2.85 (AU)

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22346E0000385R1	<b>Claim Date:</b> 11/24/2022-11/24/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$-250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-190369	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-142.63
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 12/12/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
923680	11/24/2022 - 11/24/2022	1952326019			HC:87636 // -1		\$-142.63 (B6)	\$-250.00	CO-45	\$-107.37	\$-142.63

<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22346E0000385A1	<b>Claim Date:</b> 11/24/2022-11/24/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-190369	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$117.19
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
923680	11/24/2022 - 11/24/2022	1952326019			HC:87636 // 1		\$142.63 (B6)	\$250.00	OA-23 OA-94	\$250.00 \$-117.19	\$117.19

Supplemental Information - AMT/Payer Codes: \$117.19 (AU)

<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22346E0000377R1	<b>Claim Date:</b> 11/25/2022-11/25/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$-250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-190365	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-142.63
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 12/12/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 1
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
923684	11/25/2022 - 11/25/2022	1952326019			HC:87636 //-1		\$-142.63 (B6)	\$-250.00	CO-45	\$-107.37	\$-142.63

<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22346E0000377A1	<b>Claim Date:</b> 11/25/2022-11/25/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-190365	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2.85
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
923684	11/25/2022 - 11/25/2022	1952326019			HC:87636 // 1		\$142.63 (B6)	\$250.00	OA-23 OA-94	\$250.00 \$-2.85	\$2.85

Supplemental Information - AMT/Payer Codes: \$2.85 (AU)

<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22333E0024603A1	<b>Claim Date:</b> 11/03/2022-11/03/2022	<b>Claim Status Code:</b> 2
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-182510	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$2.85
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/24/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
907638	11/03/2022 - 11/03/2022	1952326019			HC:87636 // 1		\$142.63 (B6)	\$250.00	OA-23 OA-94	\$250.00 \$-2.85	\$2.85

Supplemental Information - AMT/Payer Codes: \$2.85 (AU)

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> HARRISON, WILLIE	<b>Claim Number:</b> 22333E0024603R1	<b>Claim Date:</b> 11/03/2022-11/03/2022	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 211610332	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$-250.00
<b>Patient Ctrl Nmbr:</b> HARWI022-182510	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-142.63
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 11/29/2022	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
907638	11/03/2022 - 11/03/2022	1952326019			HC:87636 // -1		\$-142.63 (B6)	\$-250.00	CO-45	\$-107.37	\$-142.63

<b>Patient Name:</b> HINES, ASHANTI	<b>Claim Number:</b> 23199E0031554	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 163633274	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$760.00
<b>Patient Ctrl Nmbr:</b> HINAS000-433448	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/18/2023	<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
1717190	05/03/2023 - 05/03/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1717189	05/03/2023 - 05/03/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1717191	05/03/2023 - 05/03/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1717187	05/03/2023 - 05/03/2023	1952326019			HC:99203 / GT / 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1717188	05/03/2023 - 05/03/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> HOLMES, SHANA	<b>Claim Number:</b> 23199E0031570	<b>Claim Date:</b> 04/25/2023-04/25/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 203096466	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$170.00
<b>Patient Ctrl Nmbr:</b> HOLSH016-468692	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/18/2023	<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
1700979	04/25/2023 - 04/25/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1700980	04/25/2023 - 04/25/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> JONES, LARRY	<b>Claim Number:</b> 23200E0026775	<b>Claim Date:</b> 05/02/2023-05/02/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 090224593	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> JONLA081-435655	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<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
1727774	05/02/2023 - 05/02/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1727773	05/02/2023 - 05/02/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1727775	05/02/2023 - 05/02/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1727771	05/02/2023 - 05/02/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1727772	05/02/2023 - 05/02/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00



<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> KNIGHT, JACOBY	<b>Claim Number:</b> 23150E0015445A1	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 353578412	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> KNIJA044-471558	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/26/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
1913798	05/10/2023 - 05/10/2023	1952326019			HC:99211 / GT / 1	N390		\$50.00	CO-97	\$50.00	\$0.00

<b>Patient Name:</b> KNIGHT, JACOBY	<b>Claim Number:</b> 23150E0015445R1	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 353578412	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$-50.00
<b>Patient Ctrl Nmbr:</b> KNIJA044-471558	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-12.88
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 05/30/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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
1913798	05/10/2023 - 05/10/2023	1952326019			HC:99211 / GT / -1		\$-12.88 (B6)	\$-50.00	CO-45	\$-37.12	\$-12.88

<b>Patient Name:</b> LAWHORN, KHYLEE	<b>Claim Number:</b> 23202E0026764	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 219192895	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> LAWKL000-545727	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/21/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 1
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
2167420	05/10/2023 - 05/10/2023	1952326019			HC:99211 / 95 / 1	M77		\$50.00	CO-16	\$50.00	\$0.00

<b>Patient Name:</b> LUCKETT, TYRONE	<b>Claim Number:</b> 23206E0038291	<b>Claim Date:</b> 05/11/2023-05/11/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 147963326	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$760.00
<b>Patient Ctrl Nmbr:</b> LUCTY000-460654	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/25/2023	<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
1802544	05/11/2023 - 05/11/2023	1952326019			HC:87637 // 1			\$200.00	CO-197	\$200.00	\$0.00
1802543	05/11/2023 - 05/11/2023	1952326019			HC:87636 // 1			\$260.00	CO-197	\$260.00	\$0.00
1802545	05/11/2023 - 05/11/2023	1952326019			HC:99000 // 1			\$50.00	CO-197	\$50.00	\$0.00
1802541	05/11/2023 - 05/11/2023	1952326019			HC:99203 / GT / 1			\$200.00	CO-197	\$200.00	\$0.00
1802542	05/11/2023 - 05/11/2023	1952326019			HC:G2023 // 1			\$50.00	CO-197	\$50.00	\$0.00

<b>Patient Name:</b> MCINTYRE, DORIAN	<b>Claim Number:</b> 23200E0026767	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 099350324	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> MCIDO001-435702	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1727990	05/03/2023 - 05/03/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1727989	05/03/2023 - 05/03/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1727991	05/03/2023 - 05/03/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1727987	05/03/2023 - 05/03/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1727988	05/03/2023 - 05/03/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> MONTGOMERY, LAKESHA	<b>Claim Number:</b> 23139E0029069R1	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 22
<b>Patient ID:</b> 031640493	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$-50.00
<b>Patient Ctrl Nmbr:</b> MONLA006-460777	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$-12.88
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 05/19/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**Line Details** **Results: 1**

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
1805951	05/03/2023 - 05/03/2023	1952326019			HC:99211 / GT / -1		\$-12.88 (B6)	\$-50.00	CO-45	\$-37.12	\$-12.88

<b>Patient Name:</b> MONTGOMERY, LAKESHA	<b>Claim Number:</b> 23139E0029069A1	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 031640493	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> MONLA006-460777	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/25/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 1
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
1805951	05/03/2023 - 05/03/2023	1952326019			HC:99211 / GT / 1	N390		\$50.00	CO-97	\$50.00	\$0.00

<b>Patient Name:</b> MONTGOMERY, LAKESHA	<b>Claim Number:</b> 23199E0031080	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 031640493	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$630.00
<b>Patient Ctrl Nmbr:</b> MONLA006-478570	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/18/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 4
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
1941246	05/03/2023 - 05/03/2023	1952326019			HC:87637 // 1	M15 N390		\$200.00	CO-97	\$200.00	\$0.00
1941245	05/03/2023 - 05/03/2023	1952326019			HC:87636 // 1	M15 N390		\$260.00	CO-97	\$260.00	\$0.00
1941243	05/03/2023 - 05/03/2023	1952326019			HC:99212 / GT / 1			\$120.00	CO-197	\$120.00	\$0.00
1941244	05/03/2023 - 05/03/2023	1952326019			HC:G2023 // 1	M77		\$50.00	CO-16	\$50.00	\$0.00

<b>Patient Name:</b> POWELL, ZAKIA	<b>Claim Number:</b> 23202E0026762	<b>Claim Date:</b> 05/10/2023-05/10/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 169343225	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$50.00
<b>Patient Ctrl Nmbr:</b> POWZA000-545726	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/21/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 1
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

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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Line Details											Results: 1
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
2167416	05/10/2023 - 05/10/2023	1952326019			HC:99211 / 95 / 1	M77		\$50.00	CO-16	\$50.00	\$0.00

<b>Patient Name:</b> WILSON, ZIAAH	<b>Claim Number:</b> 23200E0027974	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 231097429	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> WILZA003-433218	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<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
1717095	05/03/2023 - 05/03/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1717094	05/03/2023 - 05/03/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1717096	05/03/2023 - 05/03/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1717092	05/03/2023 - 05/03/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1717093	05/03/2023 - 05/03/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> WINSLOW, ELYJAH	<b>Claim Number:</b> 23200E0027977	<b>Claim Date:</b> 05/03/2023-05/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 167660554	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$680.00
<b>Patient Ctrl Nmbr:</b> WINEL001-433219	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1717845	05/03/2023 - 05/03/2023	1952326019			HC:87634 // 1	N202 N705		\$200.00	CO-226	\$200.00	\$0.00
1717844	05/03/2023 - 05/03/2023	1952326019			HC:87636 // 1	N202 N705		\$260.00	CO-226	\$260.00	\$0.00
1717846	05/03/2023 - 05/03/2023	1952326019			HC:99000 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00
1717842	05/03/2023 - 05/03/2023	1952326019			HC:99212 / GT / 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1717843	05/03/2023 - 05/03/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> WITHERS, LARRY	<b>Claim Number:</b> 23200E0027982	<b>Claim Date:</b> 01/19/2023-01/19/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 040579419	<b>Group / Policy:</b>	<b>Facility Type:</b> 11	<b>Claim Charge:</b> \$170.00
<b>Patient Ctrl Nmbr:</b> WITLA000-433241	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<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
1037910	01/19/2023 - 01/19/2023	1952326019			HC:99212 // 1	N202 N705		\$120.00	CO-226	\$120.00	\$0.00
1037911	01/19/2023 - 01/19/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

<b>Patient Name:</b> WRIGHT, ASHTYN	<b>Claim Number:</b> 23200E0027986	<b>Claim Date:</b> 02/14/2023-02/14/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 231852401	<b>Group / Policy:</b>	<b>Facility Type:</b> 02	<b>Claim Charge:</b> \$80.00
<b>Patient Ctrl Nmbr:</b> WRIAS001-261208	<b>Contract Hdr:</b>	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> ELAHI, SEEMA	<b>Rendering Prv ID:</b> 1952326019	<b>Claim Received Date:</b> 07/19/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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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
1117563	02/14/2023 - 02/14/2023	1952326019			HC:G2010 / GT / 1	N202 N705		\$30.00	CO-226	\$30.00	\$0.00
1117562	02/14/2023 - 02/14/2023	1952326019			HC:G2023 // 1	N202 N705		\$50.00	CO-226	\$50.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

72=Authorized Return

FB=Forwarding Balance

M15=Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

M54=Missing/incomplete/invalid total charges.

M77=Missing/incomplete/invalid/inappropriate place of service.

N202=Alert: Additional information/explanation will be sent separately.

N390=This service/report cannot be billed separately.

N705=Incomplete/invalid documentation.

##### AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

##### GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

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

226=Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. 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.)

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

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

<b>Payer:</b> AETNA BETTER HEALTH OF ILLINOIS - MEDICAID	<b>Check/EFT Trace Number:</b> 232070000014077	<b>Check/EFT Date:</b> 07/29/2023	<b>Total Paid:</b> \$0.00
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**CLAIM ADJUSTMENT REASON CODE(S):**

197=Precertification/authorization/notification/pre-treatment absent.

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)

29=The time limit for filing has expired.

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

94=Processed in Excess of charges.

**CLAIM STATUS CODE(S):**

1=Processed as Primary

22=Reversal of Previous Payment

2=Processed as Secondary