Customer ID
 318906
 Exchange Date
 June 11, 2024 9:51 AM

 Transaction ID
 2cf42522-9814-4b61-9c04-e83faad0b8e8

Humana.

Patient Information

Patient
DOB
Member ID
Patient Account Number
Gender

GAREFFA, THOMAS T 02/20/1948 H544912489 HB230205865401

Claim Information

Claim Number
Received Date
Service Dates
Bill Type Code
Deficiency
Claim Status
Allowed Amount
Billed Amount
Paid Amount
Copay Amount
Contract Adjustment Amount

Deductible Amount
Patient Responsibility Amount
Interest/Penalty Amount
Discount Amount

820240580579503 02/27/2024 02/18/2024 - 02/18/2024 131

> \$2,145.29 \$13,922.00 \$2,010.29 \$135.00 \$1,421.00 \$0.00 \$135.00 \$0.00

\$10,355.71

FINALIZED

Payment Information

Check Number Check Date Provider Provider NPI Provider Tax ID 0000040150 03/13/2024 LONESOME PINE HOSPITAL 1801826912 621636465

Line Level Information

IS	Service Dates	Rev	Proc	Qty	CPT Modifier	Reason/Remark Codes	Category/Status Codes	Billed	Allowed	Paid	Contract Adjustment	Copay	Deductible	Discount
D	02/18/2024 02/18/2024	450	99291	1.0	25	0DC	F1:65	\$4,230.00	\$844.76	\$709.76	\$0.00	\$135.00	\$0.00	\$3,385.24
D	02/18/2024 02/18/2024	450	31500	1.0		0DC	F1:65	\$1,421.00	\$232.53	\$232.53	\$0.00	\$0.00	\$0.00	\$1,188.47
D	02/18/2024 02/18/2024	450	96375	4.0	XU	0DC	F1:65	\$672.00	\$180.89	\$180.89	\$0.00	\$0.00	\$0.00	\$491.11
D	02/18/2024 02/18/2024	450	96365	1.0	XU	0DC	F1:65	\$560.00	\$204.04	\$204.04	\$0.00	\$0.00	\$0.00	\$355.96
D	02/18/2024 02/18/2024	450	51702	1.0	XU	0DC	F1:65	\$261.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$261.00
D	02/18/2024 02/18/2024	361	31500	1.0		40L	F2:1	\$1,421.00	\$0.00	\$0.00	\$1,421.00	\$0.00	\$0.00	\$0.00
D	02/18/2024 02/18/2024	250		1.0		0DC	F1:65	\$49.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49.00
D	02/18/2024 02/18/2024	250		1.0		0DC	F1:65	\$8.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.00
D	02/18/2024 02/18/2024	300	82805	1.0		0DC	F1:65	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300.00
D	02/18/2024 02/18/2024	300	82375	1.0		0DC	F1:65	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130.00
4														>
	Previous			F	Page 1 of 4	ı	10 Rows	~				Next		

Codes

Туре	Code	Description
Category	F1	F1-Finalized/Payment

Туре	Code	Description
Category	F2	F2-Finalized/Denial
Remark	0DC	THIS PAYMENT REFLECTS THE ALLOWED AMOUNT FOR THIS SERVICE IN ACCORDANCE WITH YOUR CONTRACT.
Remark	40L	THIS SERVICE IS NOT SUPPORTED BY THE DOCUMENTATION SUBMITTED AND IS NOT ELIGIBLE FOR REIMBURSEMENT.
Status	1	1- FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE
Status	65	65- CLAIM LINE HAS BEEN PAID

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Claim Status Version 2.0